

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038894

FILED  
Sep 14, 2004  
Secretary of State

**Entity Name:** TITLECORP OF FLORIDA FIRST UNITED MORTGAGE, LLC

**Current Principal Place of Business:**

355 S. RONALD REAGAN BLVD.  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

355 S. RONALD REAGAN BLVD.  
LONGWOOD, FL 32750

**New Mailing Address:**

**FEI Number:** 20-0299707

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARCHIE, ROBERT W  
355 S RONALD REAGAN BLVD  
LONGWOOD, FL 32750 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: TITLECORP OF FLORIDA, , INC.  
Address: 355 S RONALD REAGAN BLVD.  
City-St-Zip: LONGWOOD, FL 32750

Title: MGRM ( ) Delete  
Name: FIRST UNITED MORTGAG, E, INC.  
Address: 201 EAST PINE STREET SUITE 315  
City-St-Zip: ORLANDO, FL 32801

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WILLIAM H JOHNSON

VP

09/14/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date