

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000040869

**FILED**  
**Mar 24, 2004**  
**Secretary of State**

**Entity Name:** TITLE AFFILIATES OF GULF PROPERTIES, L.L.C.

**Current Principal Place of Business:**

4900 CREEKSIDE DR, STE F  
CLEARWATER, FL 33760

**New Principal Place of Business:**

**Current Mailing Address:**

4900 CREEKSIDE DR, STE F  
CLEARWATER, FL 33760

**New Mailing Address:**

101 GATEWAY CENTRE PARKWAY  
GATEWAY ONE  
RICHMOND, VA 23235

**FEI Number:** 83-0378365

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KIRTLEY, WILLIAM T  
1776 RINGLING BLVD.  
SARASOTA, FL 34236 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:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:**

**ADDITIONS/CHANGES:**

**Title:** MGRM ( ) Change (X) Addition  
**Name:** USA TITLE AFFILIATES, , INC  
**Address:** 4900 CREEKSIDE DRIVE  
**City-St-Zip:** CLEARWATER, FL 33760

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:** DEBORAH FAGAN

MGRM

03/24/2004

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