2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# L03000044234

Entity Name: FIRST AMERICAN FIDUCIARY SERVICES, LLC

Current Principal Place of Business:

2015 HOLLY AVENUE
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

2015 HOLLY AVENUE
SANFORD, FL 32771

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POWELL, ROBERT H JR
2015 HOLLY AVE
SANFORD, FL 32771 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:	MCCLAIN, JAMES P	
Address:	13440 W COLONIAL DRIVE #2	
City-St-Zip:	WINTER GARDEN, FL 34787	
Title:	MGR	( ) Delete
Name:	TUCKER, CECIL A II	
Address:	23300 FORT CHRISTMAS ROAD, BOX 345	
City-St-Zip:	CHRISTMAS, FL 32709	
Title:	MGR	( ) Delete
Name:	POWELL, ROBERT H JR	
Address:	2015 HOLLY AVE	
City-St-Zip:	SANFORD, FL 32771	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: ROBERT H. POWELL, JR. MGR 04/30/2004

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