


FILED
May 12, 2004 8:00 am
Secretary of State

04-26-2004 90050 006 ****55.00

**2004 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L03000044327					
1. Entity Name AADVANTAGE TITLE, LLC					
Principal Place of Business 7083 RADIO ROAD NAPLES, FL 34104			Mailing Address 2075 CENTRE POINTE BOULEVARD TALLAHASSEE, FL 32308		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 57-1192110	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GARRITY, RYAN O 2075 CENTRE POINTE BOULEVARD TALLAHASSEE, FL 32308			7. Name and Address of New Registered Agent Name: First American APB Lister, Inc. Street Address (P.O. Box Number is Not Acceptable): 2075 Centre Pointe Boulevard City: Tallahassee FL Zip Code: 32308		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Ryan O Garrity as VP of Managing Member</i> DATE: 4/12/04					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FIRST AMERICAN AFFILIATES, INC. 2075 CENTRE POINTE BOULEVARD TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <i>Ryan O Garrity as VP of Managing Member</i> DATE: 4/12/04					

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