

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

04 OCT -1 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000046190

1. Entity Name
LANDOWNERS TITLE OF CENTRAL FLORIDA, LLC



Principal Place of Business
4712 FRANTZ COURT
5
WINTER PARK, FL 32792 US

Mailing Address
4712 FRANTZ COURT
5
WINTER PARK, FL 32792 US

2. Principal Place of Business
3355 W. VINE ST.
Suite, Apt. #, etc.
102

3. Mailing Address
3355 W. VINE ST.
Suite, Apt. #, etc.
102

City & State
Kissimmee, FL

City & State
Kissimmee, FL

Zip
34741

Country
U.S.

Zip
34741

Country
U.S.

09232004 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0630736

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, YVETTE
3355 W. VINE ST. STE. 102
KISSIMMEERK, FL 34741

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 *Yvette Williams* Yvette Williams, President/Member 9/29/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
Due by September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR, member. ☐ Delete
NAME WILLIAMS, YVETTE
STREET ADDRESS 4712 FRANTZ COURT
CITY-ST-ZIP WINTER PARK, FL 32792

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE Managing Member, ☒ Change ☐ Addition
NAME Yvette Williams
STREET ADDRESS 3355 W. Vine St. #102
CITY-ST-ZIP Kissimmee, FL 34741

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify 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 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: *Yvette Williams* Yvette Williams, Member 9/29/04 (407) 931-3340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #