

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90554 036 \*\*\*\*55.00

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # L03000046721**

1. Entity Name  
**OCEANFRONT TITLE, LLC**



Principal Place of Business  
**3520 NW 43RD STREET  
GAINESVILLE, FL 32606**

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

Zip

Country

Zip

Country

02242004 Chg-LLC CR2E083 (10/03)

4. FEI Number

**41-2116053**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$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 Affiliates, 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

*Ryan Garrity as VP of First American Affiliates Inc.* **3/18/04**

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME **MGRM** ☐ Delete  
STREET ADDRESS **FIRST AMERICAN AFFILIATES, INC.**  
CITY-ST-ZIP **2075 CENTRE POINTE BOULEVARD  
TALLAHASSEE, FL 32308**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
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NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*Ryan Garrity as VP of First American Affiliates Inc.* **3/18/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #