

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90037 007 \*\*\*\*50.00

DOCUMENT # L03000046935

1. Entity Name  
TITLE AFFILIATED BUSINESSES, LLC



Principal Place of Business  
2441 E. HWY 98, UNIT 108  
SANTA ROSA BEACH, FL 32459

Mailing Address  
2441 E. HWY 98, UNIT 108  
SANTA ROSA BEACH, FL 32459

20056876



2. Principal Place of Business  
40 Clarcon Dr.  
Suite, Apt. #, etc.

3. Mailing Address  
40 Clarcon Dr.  
Suite, Apt. #, etc.

02152005 Chg-LLC CR2E083 (10/03)

City & State  
Panama City Beach, FL  
Zip 32413 Country

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Panama City Beach, FL  
Zip 32413 Country

4. FEI Number  
APPLIED FOR 20-0417477  
Applied For Not Applicable

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

## 6. Name and Address of Current Registered Agent

NICHOLAS, LANCE G  
1719 S. COUNTY HWY 393  
SANTA ROSA BEACH, FL 32459

## 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 \_\_\_\_\_  
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 May 1, 2005

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME SURETY LAND TITLE INC. OF FLORIDA, LLC  
STREET ADDRESS 1719 S. COUNTY HWY 393  
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459

TITLE MGRM ☒ Delete  
NAME POPE, WILLIAM A III  
STREET ADDRESS 1708 OLD HIGHWAY 98  
CITY-ST-ZIP DESTIN, FL 32550

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☒ Addition  
NAME MGRM  
STREET ADDRESS Nicholas, Lance G.  
CITY-ST-ZIP 40 Clarcon Dr.  
Panama City Beach, FL 32413

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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: LANCE NICHOLAS MGRM 4/25/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

850 258 3508