FILED
Feb 14, 2005 8:00 am
Secretary of State
02-14-2005 90178 020 ****55.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000049388

1. Entity Name
FLORIDA TITLE INSURANCE PROFESSIONALS, LLC

20010453

Principal Place of Business	Mailing Address
5810 WEST CYPRESS STREET STE. E TAMPA, FL 33607	5810 WEST CYPRESS STREET STE. E TAMPA, FL 33607

01132005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
5690 W. Cypress St	5690 W. Cypress St
Suite, Apt. #, etc. SteA. c/o Affiliate Division	Suite, Apt. #, etc. Ste A c/o Affiliate Division
City & State Tampa FL	City & State Tampa FL
Zip 33607 Country USA	Zip 33607 Country USA

4. FEI Number 20-0403919 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FIDELITY AFFILIATES, LLC 5810 WEST CYPRESS STREET STE. E TAMPA, FL 33607	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 Heather Whitacre · Heather Whitacre VP MGRM 1-14-05
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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FIDELITY AFFILIATES, LLC 5810 WEST CYPRESS STREET STE. E TAMPA, FL 33607 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Fidelity Affiliates, LLC 5690 W. Cypress St, Ste A. Tampa, FL 33607 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Heather Whitacre · Heather Whitacre - VP MGRM 1-14-05 813-289-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #