

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000000982

FILED
Jan 27, 2004
Secretary of State

Entity Name: A+ ABSTRACT & TITLE COMPANY, L.L.C.

Current Principal Place of Business:

2348 N. HOWARD AVE.
ARCADIA, FL 34266

New Principal Place of Business:

207 WEST OAK STREET
ARCADIA, FL 34266

Current Mailing Address:

2348 N. HOWARD AVE.
ARCADIA, FL 34266

New Mailing Address:

FEI Number: 20-0569468

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLCOTT, DIANE C
2348 N. HOWARD AVE.
ARCADIA, FL 34266

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: CHRISTIANSEN, GORDON
Address: 2348 N. HOWARD AVE.
City-St-Zip: ARCADIA, FL 34266

Title: MGRM () Delete
Name: CHRISTIANSEN, DOLORES
Address: 2348 N. HOWARD AVE.
City-St-Zip: ARCADIA, FL 34266

Title: MGRM () Delete
Name: WOLCOTT, DIANE C
Address: 2350 N. HOWARD AVE.
City-St-Zip: ARCADIA, FL 34266

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DIANE C WOLCOTT

MGRM

01/27/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date