

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/4/2005-90039-014-\$50.00-\$50.00

FILED

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 29 AM 9:20

DOCUMENT # L04000012933

1. Entity Name
TITLE AFFILIATES OF TROPICAL VILLAGE, LLC



Principal Place of Business
4900 CREEKSIDE DRIVE
CLEARWATER, FL 33760

Mailing Address
101 GATEWAY CENTRE PARKWAY
GATEWAY ONE
RICHMOND, VA 23235

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04292005 Chg-LLC CR2E083 (10/03)

4. FEI Number

61-14208106

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

FAGAN, DEBORAH
4900 CREESIDE DRIVE
SUITE F
CLEARWATER, FL 33760

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 reappointing)

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
MGRM
USA TITLE AFFILIATES, INC. ☐ Delete
STREET ADDRESS
101 GATEWAY CENTRE PARKWAY
CITY- ST- ZIP
RICHMOND, VA 23235

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

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
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☐ Change ☐ Addition
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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

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

Date

Daytime Phone #

Hope M. VAUGHAN, Vice President
USA TITLE AFFILIATES, INC.

4-26-05

884 267-8697