2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State
02-14-2005 90178 021 ****55.00

DOCUMENT # L04000024729

1. Entity Name
FLORIDA WEST TITLE, LLC

20010452

Principal Place of Business	Mailing Address
C/O AFFILIATE DIVISION 5810 WEST CYPRESS STREET, SUITE E TAMPA, FL 33607	C/O AFFILIATE DIVISION 5810 WEST CYPRESS STREET, SUITE 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. Ste A - 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 20-0890621 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FIDELITY AFFILIATES, LLC
5810 WEST CYPRESS STREET, SUITE E
TAMPA, FL 33607

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 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

TITLE	MGRM	☐ Delete
NAME	FIDELITY AFFILIATES, LLC	
STREET ADDRESS	5810 WEST CYPRESS STREET, SUITE E	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE	MGRM	☑ Change ☐ Addition
NAME	Fidelity Affiliates, LLC	
STREET ADDRESS	5690 W. Cypress St, Ste A.	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

813-289-7777