

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000043049

FILED  
Jun 30, 2005  
Secretary of State

Entity Name: FIRST PRIORITY TITLE, L.L.C.

**Current Principal Place of Business:**

8140 COLLEGE PARKWAY, SUITE 103  
FT. MYERS, FL 33919

**New Principal Place of Business:**

8140 COLLEGE PARKWAY  
SUITE 103  
FT. MYERS, FL 33919

**Current Mailing Address:**

8140 COLLEGE PARKWAY, SUITE 103  
FT. MYERS, FL 33919

**New Mailing Address:**

8140 COLLEGE PARKWAY  
SUITE 103  
FT. MYERS, FL 33919

FEI Number: 04-3795459      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MILEFF, JOHN W  
8140 COLLEGE PARKWAY, SUITE 103  
FORT MYERS, FL 33919      US

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/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR      ( ) Delete  
Name: MILEFF, JOHN W  
Address: 8140 COLLEGE PARKWAY, SUITE 103  
City-St-Zip: FT. MYERS, FL 33919

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: JOHN W. MILEFF

MGR

06/30/2005

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