2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State
02-14-2005 90178 022 ****55.00

DOCUMENT # L04000044861

1. Entity Name
FOCUS TITLE, LLC

Principal Place of Business	Mailing Address
C/O FIDELITY AFFILIATES, LLC 5810 W. CYRPRESS ST, STE E TAMPA, FL 33607	C/O FIDELITY AFFILIATES, LLC 5810 W. CYRPRESS ST, STE E TAMPA, FL 33607

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

01132005 Chg-LLC CR2E083 (10/03)

4. FEI Number: 20-1150832 ☐ 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 W. CYPRESS ST, 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 5810 W. CYPRESS ST, 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 #