

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
May 31, 2005 8:00 am
Secretary of State

05-11-2005 90031 011 ****50.00

DOCUMENT # L04000050265					
1. Entity Name BAY AREA TITLE AFFILIATES, LLC					
Principal Place of Business 2451-1 MCMULLEN BOOTH ROAD CLEARWATER, FL 33759			Mailing Address 7360 BRYAN DAIRY ROAD SUITE 200 LARGO, FL 33777		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1365968	
				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		
FIRST AMERICAN AFFILIATES, INC. 7360 BRYAN DAIRY ROAD SUITE 200 LARGO, FL 33777			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 _____ (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 FIRST AMERICAN AFFILIATES, INC. 7360 BRYAN DAIRY ROAD, SUITE 200 LARGO, FL 33777 ☐ 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: <u>Michael La Rosa</u> as VP of MGRM 5/27/05 727-544-3300 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					