

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90177 002 \*\*\*\*55.00

DOCUMENT # L04000070441

1. Entity Name  
SOUTHEAST FUNDING TITLE ASSOCIATES, LLC



Principal Place of Business  
5810 W. CYPRESS STREET SUITE E  
C/O AFFILIATE DIVISION  
TAMPA, FL 33607

Mailing Address  
5810 W. CYPRESS STREET SUITE E  
C/O AFFILIATE DIVISION  
TAMPA, FL 33607

20010449

2. Principal Place of Business  
5640 W. Cypress St.

3. Mailing Address  
5640 W. Cypress St.

Suite, Apt. #, etc. Ste A. C/O Affiliate Division

Suite, Apt. #, etc. Ste A. C/O Affiliate Division

01132005 Chg-LLC CR2E083 (10/03)

City & State  
Tampa FL

City & State  
Tampa, FL 33607

4. FEI Number  
20-1769590

Applied For  
Not Applicable

Zip 33607 Country USA

Zip 33607 Country USA

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

FIDELITY AFFILIATES, LLC  
5810 W. 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  
NAME FIDELITY AFFILIATES, LLC ☐ Delete  
STREET ADDRESS 5810 W. CYPRESS STREET SUITE E  
CITY-ST-ZIP TAMPA, FL 33607

## 10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition  
NAME Fidelity Affiliates, LLC  
STREET ADDRESS 5640 W. Cypress St., Ste A  
CITY-ST-ZIP Tampa FL 33607

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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: 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 #