

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90028 033 \*\*\*\*55.00

**DOCUMENT # L98000000269**

1. Entity Name  
**ASSOCIATED FINANCIAL TITLE AGENCY, L.C.**



Principal Place of Business  
**1002 W. 23RD ST. SUITE 400  
PANAMA CITY, FL 32405**

Mailing Address  
**1002 W. 23RD ST. SUITE 400  
PANAMA CITY, FL 32405**

**24065212**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

**59-3495912**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HENRY, ROBERT F III  
1002 W. 23RD STREET, SUITE 400  
PANAMA CITY, FL 32405**

7. Name and Address of New Registered Agent

Name **Lauretta J. Pippin**

Street Address (P.O. Box Number is Not Acceptable)  
**1002 W. 23<sup>rd</sup> St., Ste. 400**

City **Panama City**

**FL**

Zip Code  
**32405**

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

*Lauretta J. Pippin*  
Signature, typed or printed name of registered agent and title if applicable.

*Lauretta J. Pippin*  
(NOTE: Registered Agent signature required when reinstating)

4/22/04  
Date

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☒ Delete  
NAME **HENRY, ROBERT F III**  
STREET ADDRESS **1002 W. 23RD STREET, SUITE 400**  
CITY-ST-ZIP **PANAMA CITY, FL 32405**

TITLE **MGR** ☐ Delete  
NAME **CHAPMAN, KRISTIAN B**  
STREET ADDRESS **1002 W. 23RD STREET, SUITE 400**  
CITY-ST-ZIP **PANAMA CITY, FL 32405**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE **MGR** ☐ Change ☒ Addition  
NAME **BARR, JIMMY D.**  
STREET ADDRESS **1002 W. 23RD ST., SUITE 400**  
CITY-ST-ZIP **PANAMA CITY, FL 32405**

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

TITLE **S** ☐ Change ☒ Addition  
NAME **PIPPIN, LAURETTA J.**  
STREET ADDRESS **1002 W. 23RD ST., SUITE 400**  
CITY-ST-ZIP **PANAMA CITY, FL 32405**

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

TITLE ☐ Change ☐ Addition  
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:**

*Lauretta J. Pippin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**Lauretta J. Pippin, Secretary**

4/22/04

(850) 769-8981

Date

Daytime Phone #