


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 13, 2004 8:00 am**  
**Secretary of State**

01-13-2004 90040 025 \*\*\*\*50.00

<b>DOCUMENT # L99000004107</b> 1. Entity Name <b>SOUTHERN ESCROW &amp; TITLE, L.L.C.</b>					
Principal Place of Business <b>12815 HWY. 98 WEST SUITE 124 DESTIN, FL 32541</b>			Mailing Address <b>12815 HWY. 98 WEST SUITE 124 DESTIN, FL 32541</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country			3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		
4. FEI Number <b>59-3588976</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			01082004    Chg-LLC    CR2E083 (10/03)		
6. Name and Address of Current Registered Agent  <b>GRIMSLEY, JAMES W 25 WALTER MARTIN ROAD, NE FT. WALTON BEACH, FL 32548</b>			7. Name and Address of New Registered Agent Name <b>Dawn E Larsh</b> Street Address (P.O. Box Number is Not Acceptable) <b>12815 Emerald Coast Pkwy Ste # 124</b> City <b>Destin</b> <b>FL</b> Zip Code <b>32550</b>		
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 <u><i>Dawn E Larsh</i></u> <b>DAWN E LARSH</b> DATE <b>1/8/04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BRANNON, GEORGE T 12815 HWY. 98 WEST DESTIN, FL 32541</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <u><i>[Signature]</i></u> <b>PCBS</b> Date <b>1-6-04</b> Daytime Phone # <b>(850) 650-6161</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					