

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90554 030 ****55.00

DOCUMENT # L99000009146

1. Entity Name
FIRST FLORIDA TITLE INSURANCE AGENCY, LLC



Principal Place of Business
**8905 REGENTS PARK SUITE 230
TAMPA, FL 33647**

Mailing Address
**7360 BRYAN DAIRY RD
STE 200
LARGO, FL 33777**



2. Principal Place of Business

3. Mailing Address

2075 Centre Pointe Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02242004 Chg-LLC CR2E083 (10/03)

City & State

City & State

Tallahassee, FL

4. FEI Number
59-3616163

Applied For
Not Applicable

Zip

Country

Zip

32308

Country

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

**LA JOIE, JOHN T
2075 CENTRE POINTE BOULEVARD
TALLAHASSEE, FL 32308**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

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

**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 TITLE INSURANCE CO.
2075 CENTRE POINTE BLVD.
TALLAHASSEE, FL 32308**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MEM
WINDWARD HOMES, INC.
5402 BEAUMONT CENTER BLVD., STE. 108
TAMPA, FL 33643**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *By: John T. La Joie, esq. Vice President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/18/04 (850) 402-4101
Date Daytime Phone #