

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000009146

FILED  
Feb 01, 2005  
Secretary of State

**Entity Name:** FIRST FLORIDA TITLE INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

8905 REGENTS PARK SUITE 230  
TAMPA, FL 33647

**New Principal Place of Business:**

**Current Mailing Address:**

2075 CENTRE POINTE BLVD  
TALLAHASSEE, FL 32308

**New Mailing Address:**

**FEI Number:** 59-3616163

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: FIRST AMERICAN TITLE, INSURANCE CO.  
Address: 2075 CENTRE POINTE BLVD.  
City-St-Zip: TALLAHASSEE, FL 32308

Title: MEM ( ) Delete  
Name: WINDWARD HOMES, INC.,  
Address: 5402 BEAUMONT CENTER BLVD., STE. 108  
City-St-Zip: TAMPA, FL 33643

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: WINDWARD HOMES, INC.,  
Address: 5402 BEAUMONT CENTER BLVD., STE. 108  
City-St-Zip: TAMPA, FL 33643

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOHN T. LAJOIE

VP

02/01/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date