

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2003 8:00 am**  
**Secretary of State**

02-26-2003 90032 004 \*\*\*\*50.00

**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

**2075 CENTRE POINTE BLVD.  
TALLAHASSEE FL 32308**

2. Principal Place of Business

3. Mailing Address

**7360 Bryan Dairy Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 200**

City & State

City & State

**Large, FL**

Zip

Country

Zip

Country

**33777**

**USA**

4. FEI Number

**59-3616163**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

**MEM** ☐ Delete  
**FIRST AMERICAN TITLE INSURANCE CO.**  
**2075 CENTRE POINTE BLVD.**  
**TALLAHASSEE FL 32308**

**MGRM** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**MEM** ☐ Delete  
**WINDWARD HOMES, INC.**  
**5402 BEAUMONT CENTER BLVD., STE. 108**  
**TAMPA FL 33643**

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

☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition  
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☐ Delete  
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**CITY-ST-ZIP**

☐ 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:

**SIGNATURE REQUIRED MGRM**

**2/10/03**

**727-549-3300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)