


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000009382 1. Entity Name PARAMOUNT TITLE OF POLK COUNTY, L.L.C.	
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Principal Place of Business 2600 SOUTH FLORIDA AVENUE, SUITE 2A LAKELAND, FL 33803	Mailing Address 2600 SOUTH FLORIDA AVENUE, SUITE 2A LAKELAND, FL 33803
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DO NOT WRITE IN THIS SPACE



04082004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3615228	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FRIDOVICH, ANTHONY S 2600 SOUTH FLORIDA AVENUE LAKELAND, FL 33803
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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 _____ <small>Signature, types or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____</small>

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

U00000120892
04/20/04-80028-012 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDT FRIDOVICH, ANTHONY S 2600 SOUTH FLORIDA AVENUE LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRIDOVICH, MELODIE 2600 SOUTH FLORIDA AVENUE, SUITE 2A LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SMITH, J.R. (RICK) 3401 W. CYPRESS ST. TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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

Date

Daytime Phone #

[Signature] 4/16/04 8366803322