


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # M04000002493 1. Entity Name CRESENT TITLE AGENCY OF FLORIDA, LLC	
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Principal Place of Business 4801 DRESSLER ROAD, SUITE 194 CANTON, OH 44718	Mailing Address 4801 DRESSLER ROAD, SUITE 194 CANTON, OH 44718
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01272005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1222061	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

STIVERS, H B
 245 EAST VIRGINIA STREET
 TALLAHASSEE, FL 32301

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BABIN, DALE T 4801 DRESSLER ROAD, SUITE 194 CANTON, OH 44718
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAINES, JEFFREY D 4801 DRESSLER ROAD, SUITE 194 CANTON, OH 44718
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VOGLEY, STEVEN W 4801 DRESSLER ROAD, SUITE 194 CANTON, OH 44718
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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:  DATE: 1/31/05 DAYTIME PHONE: 888-566-3591

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