


**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



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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**DO NOT WRITE IN THIS SPACE**



01272005No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1222061	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 STIVERS, H B  
 245 EAST VIRGINIA STREET  
 TALLAHASSEE, FL 32301

**DO NOT WRITE IN THIS SPACE**

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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U00000213307  
 02/03/05-80052-024 50.00

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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:**  **1/31/05** **888-566-3591**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #