


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000005498 1. Entity Name TOWER CITY TITLE AGENCY, LLC					
Principal Place of Business 3850 20TH STREET, SUITE 6 VERO BEACH, FL 32960			Mailing Address 3850 20TH STREET, SUITE 6 VERO BEACH, FL 32960		
2. Principal Place of Business 245 EAST VIRGINIA STREET Suite, Apt. #, etc.		3. Mailing Address 245 EAST VIRGINIA STREET Suite, Apt. #, etc.			
City & State TALLAHASSEE, FL		City & State TALLAHASSEE, FL		4. FEI Number 34-1874829	
Zip 32301		Country UNITED STATES		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SPANGLER, VIRGINIA 3850 20TH STREET, SUITE 6 VERO BEACH, FL 32960			7. Name and Address of New Registered Agent Name LEVINE & STIVERS ATTN: H. B. STIVERS Street Address (P.O. Box Number is Not Acceptable) 245 EAST VIRGINIA STREET City TALLAHASSEE		
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 <i>H.B. Stivers</i> DATE 1/28/05		
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MANNARINO, MARILYN 6151 WILSON MILLS ROAD HIGHLAND HEIGHTS, OH 44143			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <i>Marilyn Mannarino</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date 1/28/05 Daytime Phone #	

FILED

05 JAN 28 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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