2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000071403

FILED Apr 23, 2004 Secretary of State

| Entity Nam | ne: LANDMAI | RK TITLE INSURANCE COMP | ANY | | |
|---|--|----------------------------------|---|--|--|
| Current Pr | incipal Place | of Business: | New Principal Place o | of Business: | |
| 1452 OAKF BRANDON | | | | | |
| Current Ma | ailing Addres | s: | New Mailing Address | New Mailing Address: | |
| 1452 OAKF BRANDON | | | | | |
| FEI Number: | 04-3695323 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | Address of C | urrent Registered Agent: | Name and Address of | New Registered Agent: | |
| OWENS LA 822-B CYPI | EFFREY M ES W GROUP, F RESS VILLAG _ 33573 US | P.A. | | LASMAN, JEFFREY M ESQUIRE 115 PROVIDENCE ROAD BRANDON, FL 33511 US | |
| The above in the State | named entity s of Florida. | submits this statement for the p | urpose of changing its registered | office or registered agent, or both, | |
| SIGNATURE: | | | | 04/23/2004 | |
| Election Cam | | ic Signature of Registered Age | ent | Date | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | DPT () ATKINS, WILLIA 1452 OAKFIELI BRANDON, FL | D DR | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | DVS () LASMAN, JEFF 1452 OAKFIELI BRANDON, FL | D DR | Title: Name: Address: City-St-Zip: | ()Change ()Addition | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM R. ATKINS DPT 04/23/2004