

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000010722

FILED
Mar 02, 2004
Secretary of State

Entity Name: MCGILL ESCROW & TITLE, L.L.C.

Current Principal Place of Business:

36008 EMERALD COAST PKWY., STE. 301
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

36008 EMERALD COAST PKWY., STE. 301
DESTIN, FL 32541

New Mailing Address:

FEI Number: 59-3734320

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGILL, ROBERT E III
36008 EMERALD COAST PKWY., STE. 301
DESTIN, FL 32541

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: P () Delete
Name: ROBERT, MCGILL III
Address: 36008 EMERA COAST PKY STE 301
City-St-Zip: DESTIN, FL 32541

Title: VP () Delete
Name: DEVILLE, SHARON
Address: 36008 EMERALD COAST PKY STE 301
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCGILL, ROBERT E III
Address: 36008 EMERA COAST PKY STE 301
City-St-Zip: DESTIN, FL 32541

Title: MGR (X) Change () Addition
Name: DEVILLE, SHARON K
Address: 36008 EMERALD COAST PKY STE 301
City-St-Zip: DESTIN, FL 32541

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 is true and accurate and that my electronic 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: ROBERT E. MCGILL, III

MGR

03/02/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date