

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 26, 2006  
Secretary of State**

DOCUMENT# L01000010722

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      US

**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/MANAGERS:**

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

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

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

04/26/2006

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