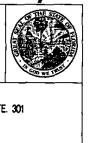
2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

DOCUMENT # L01000010722 1. Entity Name

Principal Place of Business

MCGILL ESCROW & TITLE, L.L.C.



FILED Jan 22, 2003 8:00 am **Secretary of State**

01-22-2003 90099 019 ****50.00

ACCPLUUS

36008 EMERALD COAST PKWY., STE. 301 36008 EMERALD COAST PKWY., STE. 301 DESTIN FL 32541 DESTIN FL 32541 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-3734320 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCGILL, ROBERT E III Street Address (P.O. Box Number is Not Acceptable) 36008 EMERALD COAST PKWY., STE. 301 DESTIN FL 32541 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE TITLE Change ☐ Addition Delete NAME ROBERT, MCGILL III NAME STREET ADDRESS 36008 EMERA COAST PKY STE 301 STREET ADDRESS CITY-ST-ZIP DESTIN FL 32541 CITY-ST-ZIP Addition VP ☐ Delete TITLE ☐ Change TITLE DEVILLE, SHARON NAME NAME STREET ADDRESS STREET ADDRESS 36008 EMERALD COAST PKY STE 301 CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541 Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 of histee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

CR2E083 (10/02)