

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000019171

1. Entity Name
TITLE AFFILIATES OF GREATER KISSIMMEE, L.L.C.



Principal Place of Business
**4900 CREEKSIDE DRIVE
 SUITE F
 CLEARWATER, FL 33760**

Mailing Address
**101 GATEWAY CENTRE PARKWAY
 GATEWAY ONE
 RICHMOND, VA 23235**



04272006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 03-0521085 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**KIRTLEY, WILLIAM T ESQ
 1776 RINGLING BOULEVARD
 SARASOTA, FL 34236**

**DO NOT WRITE
 IN THIS SPACE**

6. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM USA TITLE AFFILIATES, INC 101 GATEWAY CENTRE PARKWAY RICHMOND, VA 23235 |
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 05/13/06-80027-025 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Hope M. Vaughan* *Hope M. Vaughan* 4-28-06 804 207 8077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #