

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030831

FILED
Jan 20, 2005
Secretary of State

Entity Name: SUNSHINE STATE TITLE, LLC

Current Principal Place of Business:

1597 SE PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

1597 SE PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34952

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHREIER, DAVID
1597 SE PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34952 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/MEMBERS:

Title: MGRM () Delete
Name: LSDS, LLC,
Address: 1597 SE PORT ST LUCIE BLVD
City-St-Zip: PORT ST LUCIE, FL 34952

Title: MGRM () Delete
Name: DBMABM, LLC,
Address: 1597 SE PORT ST LUCIE BLVD
City-St-Zip: PORT ST LUCIE, FL 34952

Title: MGRM () Delete
Name: EMS LLC,
Address: 1597 SE PORT ST LUCIE BLVD
City-St-Zip: PORT ST LUCIE, FL 34952

Title: MGRM () Delete
Name: HERRMANN, GERALD F
Address: 1597 SE PORT ST LUCIE BLVD
City-St-Zip: PORT ST LUCIE, FL 34952

ADDITIONS/CHANGES:

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

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

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 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: DAVID SCHREIER

MM

01/20/2005

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