

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90072 029 \*\*\*138.75

**DOCUMENT # L03000054467**

1. Entity Name  
**HAILE TITLE COMPANY, LLC**



Principal Place of Business  
**5203 SW 91ST TERR, STE E  
GAINESVILLE, FL 32608**

Mailing Address  
**5203 SW 91ST TERR, STE E  
GAINESVILLE, FL 32608**

**60008696**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

02052008 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**20-0627544**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUTTS, ROBERT P ESQ  
FISHER, BUTTS, SECHREST & WARNER, PA  
~~5203 SW 91ST TERR, STE E~~  
GAINESVILLE, FL 32608**

Name

Street Address (P.O. Box Number is Not Acceptable)

**5200 SW 91 Terrace, Suite 101**

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
BUTTS, ROBERT P ESQ  
5203 SW 91ST TERRACE, SUITE E  
GAINESVILLE, FL 32608** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**5200 SW 91 Terrace, Suite 101** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
ROBERTSON, CRAIG A  
5203 SW 91ST TERRACE, STE. E  
GAINESVILLE, FL 32608** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Manager  
Michael D. Sechrest  
5200 SW 91 Terrace, Suite 101  
Gainesville, FL 32608** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
D. Marc Warner  
5200 SW 91 Terrace, Suite 101  
Gainesville, FL 32608** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
Gary Thomas  
5200 SW 91 Terrace, Suite 101  
Gainesville, FL 32608** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**2/15/2008 (552) 373-5922**

Date

Daytime Phone #