

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000039051

FILED
Jul 01, 2005
Secretary of State

Entity Name: TOWN & COUNTRY TITLE ASSOCIATES, LLC

Current Principal Place of Business:

749 PINETREE DR
INDIAN HARBOUR BEACH, FL 32937

New Principal Place of Business:

1227 S. PATRICK DR. #105
SATELLITE BEACH, FL 32937

Current Mailing Address:

749 PINETREE DR
INDIAN HARBOUR BEACH, FL 32937

New Mailing Address:

1227 S. PATRICK DR. #105
SATELLITE BEACH, FL 32937

FEI Number: 20-1172653 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KOENIG, DARLENE L
749 PINETREE DR
INDIAN HARBOUR BEACH, FL 32937 US

Name and Address of New Registered Agent:

KOENIG, DARLENE L
1227 S. PATRICK DR. #105
SATELLITE BEACH, FL 32937 US

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: _____

07/01/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TOWN & COUNTRY TITLE, , INC.
Address: 749 PINETREE DR
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TOWN & COUNTRY TITLE, , INC.
Address: 1227 S. PATRICK DR. #105
City-St-Zip: SATELLITE BEACH, FL 32937

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: DARLENE L. KOENIG

PRES

07/01/2005

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