

**2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L04000039051

**FILED**  
**Aug 13, 2008**  
**Secretary of State****Entity Name:** TOWN & COUNTRY TITLE, LLC**Current Principal Place of Business:**1275 S. PATRICK DR., STE J  
SATELLITE BEACH, FL 32937**New Principal Place of Business:**1275 S. PATRICK DR.  
SUITE J  
SATELLITE BEACH, FL 32937**Current Mailing Address:**1275 S. PATRICK DR., STE J  
SATELLITE BEACH, FL 32937**New Mailing Address:**1275 S. PATRICK DR.  
SUITE J  
SATELLITE BEACH, FL 32937**FEI Number:** 20-1172653**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**KOENIG, DARLENE L  
1227 S. PATRICK DR. #105  
SATELLITE BEACH, FL 32937 US**Name and Address of New Registered Agent:**KOENIG, DARLENE L  
1275 S. PATRICK DR.  
SUITE J  
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:** DARLENE L. KOENIG

08/13/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:****Title:** MGR ( ) Delete  
**Name:** TOWN & COUNTRY TITLE, , INC.  
**Address:** 1227 S. PATRICK DR. #105  
**City-St-Zip:** SATELLITE BEACH, FL 32937**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES:****Title:** MGR (X) Change ( ) Addition  
**Name:** TOWN & COUNTRY TITLE, , INC.  
**Address:** 1275 S. PATRICK DR., SUITE J  
**City-St-Zip:** SATELLITE BEACH, FL 32937**Title:** P/T ( ) Change (X) Addition  
**Name:** KOENIG, DARLENE L  
**Address:** 1275 S. PATRICK DR., SUITE J  
**City-St-Zip:** SATELLITE BEACH, FL 32937**Title:** S ( ) Change (X) Addition  
**Name:** CHISHOLM, RENEE  
**Address:** 1275 S. PATRICK DR., SUITE J  
**City-St-Zip:** SATELLITE BEACH, FL 32937

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

08/13/2008

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