2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 24, 2007 8:00 am
Secretary of State
05-01-2007 90322 040 ****50.00

DOCUMENT # L06000036083

1. Entity Name

AGENTS BENCHMARK TITLE, LLC

Principal Place of Business	Mailing Address
2008 HIGHWAY 44 WEST INVERNESS FL 34453	2008 HIGHWAY 44 WEST INVERNESS FL 34453

30008779

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2060 Hwy 44 W	2060 Hwy 44 W
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Inverness, FL	City & State: Inverness, FL
Zip: 34453 Country: USA	Zip: 34453 Country: USA

4. FEI Number: 20-8846687 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STONE, MARK
2008 HIGHWAY 44 WEST
INVERNESS FL 34453

7. Name and Address of New Registered Agent

Name: Scott Bender
Street Address (P.O. Box Number is Not Acceptable): 2060 Hwy 44 W
City: Inverness FL Zip Code: 34453

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] Scott Bender 5/21/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STONE, MARK 2008 HIGHWAY 44 WEST INVERNESS FL 34453	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Bender, Scott 2008 Hwy 44 W Inverness, FL	☐ 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	☐ Change ☐ Addition
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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 Section 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] Mark H. Stone 4.17.07 352-344-1113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #