


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000011590 1. Entity Name MEMBERS TITLE AGENCY, LLC	
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Principal Place of Business 6809 E. HILLSBOROUGH AVENUE TAMPA, FL 33610	Mailing Address 6809 E. HILLSBOROUGH AVENUE TAMPA, FL 33610
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02062006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3673450	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  CHARRON, DON 6801 E. HILLSBOROUGH AVENUE TAMPA, FL 33610
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<b>DO NOT WRITE IN THIS SPACE</b>
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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:  (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DORETY, TOM R 6801 E. HILLSBOROUGH AVENUE TAMPA, FL 33680
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DARLING, LINDA 6801 E. HILLSBOROUGH AVENUE TAMPA, FL 33680
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHARON, DON 6801 E. HILLSBOROUGH AVENUE TAMPA, FL 33680
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARWICK, ANNETTE 6801 E. HILLSBOROUGH AVENUE TAMPA, FL 33680
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FLYNN, PETER 6801 E. HILLSBOROUGH AVENUE TAMPA, FL 33680
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
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03/09/06-80026-021 50.00

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, OR AUTHORIZED REPRESENTATIVE DATE: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_