

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000011590		
1. Entity Name MEMBERS TITLE AGENCY, LLC		
Principal Place of Business 6809 E. HILLSBOROUGH AVENUE TAMPA, FL 33610	Mailing Address 6809 E. HILLSBOROUGH AVENUE TAMPA, FL 33610	



01102008No Chg-LLC CR2E083 (12/07)

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

CHARRON, DON  
 6801 E. HILLSBOROUGH AVENUE  
 TAMPA, FL 33610

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

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

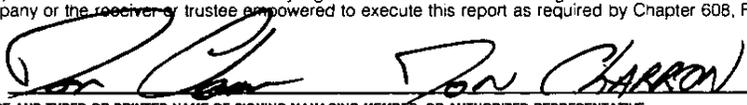
9. MANAGING MEMBERS/MANAGERS

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 CHARRON, DON 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	MGR MARSH, PATRICIA 6801 E HILLSBOROUGH AVE TAMPA, FL 33680
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000812840  
 02/12/08-80064-020 138.75

**DO NOT WRITE IN THIS SPACE**

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:  **Don CHARRON** 1/10/08 813-621-7571  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #