2005 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Jan 18, 2005 08:00 AM DOCUMENT # L00000004560 **Secretary of State** 1. Entity Name B & L TITLE SERVICES, LLC Principal Place of Business Mailing Address 700 ALMOND STREET PO BOX 120188 CLERMONT, FL 34711 CLERMONT, FL 34712-0188 01032005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3637069 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LANGLEY, RICHARD H DO NOT WRITE 700 ALMOND STREET CLERMONT, FL 34711 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGR DDF SOUTH LAKE TITLE SERVICES, INC. NAME 700 ALMOND STREET STREET ADDRESS CITY-ST-ZIP CLERMONT, FL 34711 MGR LANGLEY, RICHARD H UNDONNI 84236 <u>01/20/05</u>-80022-019 50.00 STREET ADDRESS 700 ALMOND ST. CLERMONT, FL 34711 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

11. I hereby certify that the information supplied with this filing does not qualify 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 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 an powered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP

<u>RICHARD H. LANGLEY 1-11-2005 (352)394-4025</u>