## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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SIGNATURE AND TYPES

## Mar 21, 2006 8:00 am **Secretary of State** DOCUMENT # L00000004560 1. Entity Name 03-21-2006 90298 047 \*\*\*150.00 **B & L TITLE SERVICES, LLC** Principal Place of Business Mailing Address 700 ALMOND STREET CLERMONT FL 34711 PO BOX 120188 **CLERMONT FL 34712-0188** 3. Mailing Address 720 Almond Street 2. Principal Place of Business 720 Almond Street Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State Applied For City & State 4. FEI Number 59-3637069 Not Applicable Clermont, FL Clermont, FI Country Zip \$5.00 Additional 34711 5. Certificate of Status Desired Fee Required 34711 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HICKMAN, HAROLD Street Address (P.O. Box Number is Not Acceptable) 3401 WEST CYPRESS, SUITE 202 TAMPA FL 33607 Zip Code City 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 profed name of registered agent and little d applicable (NOTE: Registered Agent significate required when reinstituting) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. ☐ Change ★ Addition TIT1 F TITLE MGR Delete Chairman NAME NAME SOUTH LAKE TITLE SERVICES, INC. Harold Hickman 700 ALMOND STREET 💐 🥞 STREET ADDRESS STREET ADDRESS 3401 W. Cypress, Suite 202 CITY-ST-ZIP CITY-ST-ZIP CLERMONT FL 34711 Tampa, FL 33607 Delete ☐ Change ★ Addition TITLE TITLE MGR Manager LANGLEY, RICHARD H NAME NAME Linda Peavey STREET ADDRESS STREET ADDRESS 700 ALMOND ST. 720 Almond Street - Suite C Clermont, FL 34711 CITY-ST-ZIP CLERMONT FL 34711 CITY-ST-ZIP Manager ☐ Change Addition TILLE ☐ Dotate Carol Thayer NAME STREET ADDRESS STREET ADDRESS 720 Almond Street, Suite C CITY-ST-ZIP CITY-ST-ZIP Manager Change Addition ☐ Delete TITLE Whit Lancaster NAME NAME 3401 W. Cypress STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Tampa, FL 33607 CITY-ST-ZIP Manager Delete TITLE TITLE Jim Smith NAME NAME STREET ADDRESS 720 Almond Street - Suite C STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Clermont, FL 34711 ☐ Change ☐ Delete TITLE Manager TATLE NAME NAME Micheal Amsterdam STREET ADDRESS STREET ADDRESS 720 Almond Street, Suite C CITY-ST-ZIP CITY-ST-ZIP Clermont, FL 34711 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.

OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED