2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L0000007065 1. Entity Name SOUTHERN TITLE SUPPORT GROUP, LLC							OO MAY.	FILED.	_	
Principal Place of Business 2335 BEVILLE ROAD DAYTONA BEACH, FL 32119			Mailing Address 2335 BEVILLE ROAD DAYTONA BEACH, FL 32119			SECKLIANT OF STATE TALLAHASSEE, FLORIDA				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04222008	Chg-LLC	CR2E08	3 (12/06)	
City & State			City & State			4. FEI Number 59-3656				oplied For
Zip	Country		Zip Country		y	5. Certificate of Status Desired \$5.00 Addi			ditional	
6. Name and Address of Current R			Registered Agent Name			7. Name and Address of New Registered Agent				
PEPPLER, THOMAS R ESQ 1420 ALAFAYA TRAIL 101 OVIEDO, FL 32765					Street Address (P.O. Box Number is Not Acceptable)					
Y 1					City			FL	Zip Cod	
 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 reinstaling) DATE										
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State										
9.	Lucau	MANAGING MEMBER		10.			ADDITIONS,			
NAME STREET ADDRESS CITY-ST-ZIP	MGRM Delete SOUTHERN TITLE SUPPORT GROUP, LLC 2335 BEVILLE ROAD DAYTONA BEACH, FL 32119				Mor ADDRESS 237	nager				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP;			☐ Delete	TITLE NAME STREET / CITY-ST	Jin ADDRESS 340	nager nmy Hick Ol W. Cy npa, FL	press S		Change # 2 0 2	⊠ Addition
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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.										
limited lial	bility company	is true and accurate and it y or the receiver or trustee i	nat my signature shall have the empowered to execute this re	e same le port as re	gai effect as if ma equired by Chapte	ade under oath; t er 608, Florida Sta	nat I am a manag atutes.	jing member o	r manager	Orthe

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Southern Title Support Group, LLC Managers Continued (addition)

Manager Andy Hagan 2379 Beville Road Daytona Beach, FL 32119

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Manager Jean Trinder 2379 Beville Road Daytona Beach, FL 32119 OS MAY -2 MA 8: 32

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