

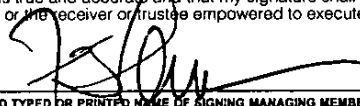


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90043 046 \*\*\*\*50.00

<b>DOCUMENT # L00000009994</b> 1. Entity Name TITLE OFFICES, LLC.																													
Principal Place of Business 744 E. BURGESS RD., STE. E104 PENSACOLA, FL 32504				Mailing Address 744 E. BURGESS RD., STE. E104 PENSACOLA, FL 32504																									
2. Principal Place of Business 1144 W. Nine Mile Rd.		3. Mailing Address 1144 W. Nine Mile Rd.		  01252006 Chg-LLC CR2E083 (11/05)																									
Suite, Apt. #, etc. Suite B		Suite, Apt. #, etc. Suite B																											
City & State Pensacola, FL 32534		City & State Pensacola, FL 32534																											
Zip 32534		Country Escambia																											
4. FEI Number 59-3663603				Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent  BRYAN, MARTHA 1089 SW MAIN BLVD. LAKE CITY, FL 32025																									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																									
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">MGR</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>STEVENSON, FRANK E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>744 E. BURGESS ROAD SUITE E-104</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PENSACOLA, FL 32504</td> <td></td> </tr> </table>				TITLE	MGR	<input type="checkbox"/> Delete	NAME	STEVENSON, FRANK E		STREET ADDRESS	744 E. BURGESS ROAD SUITE E-104		CITY-ST-ZIP	PENSACOLA, FL 32504		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">MGR</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Stevenson, Frank E.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1144 W. Nine Mile Rd Suite B</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Pensacola, FL 32534</td> <td></td> </tr> </table>		TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Stevenson, Frank E.		STREET ADDRESS	1144 W. Nine Mile Rd Suite B		CITY-ST-ZIP	Pensacola, FL 32534	
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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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.																													
SIGNATURE:  <div style="float: right; text-align: right;">           2/15/06 850-474-0140            Date Daytime Phone #         </div>																													