


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90300 013 ****50.00

DOCUMENT # L00000009994 1. Entity Name TITLE OFFICES, LLC.																													
Principal Place of Business 1144 W. NINE MILE RD. STE B PENSACOLA, FL 32534			Mailing Address 1144 W. NINE MILE RD. STE B PENSACOLA, FL 32534																										
2. Principal Place of Business - No P.O. Box #			3. Mailing Address																										
Suite, Apt. #, etc.			Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		Zip																									
Country		Country		01222007 Chg-LLC CR2E083 (12/06)																									
4. FEI Number 59-3663603				Applied For 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) 373 NW COLE TERRACE SUITE 105 City LAKE CITY FL Zip Code 32055																										
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 <u><i>Martha Bryan</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																													
Filing Fee is \$50.00 Due by May 1, 2007			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:30%;">TITLE</td> <td style="width:40%;">MGR</td> <td style="width:30%; 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>1144 W. NINE MILE RD. STE B</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PENSACOLA, FL 32534</td> <td></td> </tr> </table>			TITLE	MGR	<input type="checkbox"/> Delete	NAME	STEVENSON, FRANK E		STREET ADDRESS	1144 W. NINE MILE RD. STE B		CITY-ST-ZIP	PENSACOLA, FL 32534		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/8/07 850-474-0140