2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 24, 2005 8:00 am Secretary of State

DOCUMENT # L0000013467 1. Entity Name ISLAND TITLE AGENCY, L.L.C.				01-24-2005 90101 015 ****50.00
Principal Place of Business 979 BEACHLAND BLVD. VERO BEACH, FL 32963		Mailing Address 979 BEACHLAND BLVD. VERO BEACH, FL 32963		დიიია ებმ
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01102005 Chg-LLC CR2E083 (10/03)
City & State		City & State		4. FEI Number Applied For 65-1095595 Not Applicable
Zip	Country	Zìp	Country	5. Certificate of Status Desired \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent				
979 BEAC	CHRISTOPHER H HLAND BLVD. ACH, FL 32963		Street Address	(P.O. Box Number is Not Acceptable)
			City	FL Zip Code
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				Make check payable to Florida Department of State
9.	MANAGING MEMBE	RS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARINE, CHRISTOPHER H 979 BEACHLAND BLVD. VERO BEACH, FL 32963	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11.55	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 of the receiver of unstandard the execute this report as required by Chapter 608. Florida Statutes.				

SIGNATURE: CHRISTOPHER H. MARINE
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE