

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000014768

Entity Name: GULF CITIES TITLE, L.L.C.

FILED
Apr 07, 2006
Secretary of State

Current Principal Place of Business:

900 SIXTH AVENUE SOUTH,
SUITE 203
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

900 SIXTH AVENUE SOUTH,
SUITE 203
NAPLES, FL 34102

New Mailing Address:

FEI Number: 65-1095324

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWEIKHARDT, WILLIAM
900 SIXTH AVE. SOUTH
SUITE 203
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHWEIKHARDT, WILLIAM
Address: 900 SIXTH AVE. S., SUITE 203
City-St-Zip: NAPLES, FL 34102

Title: MGRM () Delete
Name: PIEKART, BARBARA
Address: 11725 COLLIER BLVD STE D
City-St-Zip: NAPLES, FL 34116

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: WILLIAM SCHWEIKHARDT

MGRM

04/07/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date