

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015915

Entity Name: CITRUS LAND TITLE, LLC

FILED
Jul 18, 2006
Secretary of State

Current Principal Place of Business:

1904 W MAIN ST
INVERNESS, FL 34452

New Principal Place of Business:

Current Mailing Address:

1904 W MAIN ST
INVERNESS, FL 34452

New Mailing Address:

101 NE 2ND STREET
OCALA, FL 34470

FEI Number: 59-3693296 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DAVIS, ERVIN E
3500 E OAK TRACE PATH
INVERNESS, FL 34452 US

Name and Address of New Registered Agent:

FARKAS, LEE B
101 NE 2ND STREET
OCALA, FL 34470 US

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: LEE B. FARKAS

07/18/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DAVIS, ERVIN E
Address: 3500 E OAK TRACE PATH
City-St-Zip: INVERNESS, FL 34453

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FARKAS, LEE B
Address: 101 NE 2ND STREET
City-St-Zip: OCALA, FL 34470

Title: MGR () Change (X) Addition
Name: PORTER, KIMBERLY A
Address: 1904 W. MAIN STREET
City-St-Zip: INVERNESS, FL 34452 44

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: LEE B. FARKAS

MGR

07/18/2006

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