2007 LIMITED LIABILITY COMPANY

NAME STREET ADDRESS CITY-ST-ZIP

Mar 30, 2007 8:00 am **Secretary of State ANNUAL REPORT** DOCUMENT # L00000015915 03-30-2007 90036 001 ****55.00 1. Entity Name CITRUS LAND TITLE, LLC Principal Place of Business Mailing Address 60030650 101 NE 2ND STREET 1904 W MAIN ST INVERNESS, FL 34452 OCALA, FL 34470 01162007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3693296 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FARKAS, LEE B DO NOT WRITE 101 NE 2ND STREET OCALA, FL 34470 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fec. is.\$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGR TITLE FARKAS, LEE B NAME STREET ADDRESS 101 NE 2ND STREET CITY+ST-ZIP OCALA, FL 34470 MGR TITLE PORTER, KIMBERLY A NAME STREET ADDRESS 1904 W. MAIN STREET CITY-ST-ZIP INVERNESS, FL 34452 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

FILED

Daytime Phone #

11. I hereby certify that the information supplied with this filling 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 the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:

OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE