

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000008467

FILED
Jul 07, 2004
Secretary of State

Entity Name: THE VILLAGES LAND TITLE INSURANCE COMPANY L.L.C.

Current Principal Place of Business:

13710 U.S. 41 STE 100
LADY LAKE, FL 32159

New Principal Place of Business:

Current Mailing Address:

13710 U.S. 41 STE 100
LADY LAKE, FL 32159

New Mailing Address:

FEI Number: 59-3724721

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLHORN, MICHAEL D
13710 US 441, STE 100
LADY LAKE, FL 32159 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/MEMBERS:

Title: MGR () Delete
Name: MILLHORN, MICHAEL D
Address: 13710 US 441 STE 100
City-St-Zip: LADY LAKE, FL 32159

Title: MGRM () Delete
Name: MILLHORN, PAULETTE G
Address: 915 S E 5 STREET
City-St-Zip: OCALA, FL 34471

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 Section 119.07(3)(i), 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: MICHAEL D. MILLHORN

MGR

07/07/2004

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