2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# L01000008467

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

Current Principal Place of Business:

13710 U.S. HIGHWAY 441
SUITE 100
THE VILLAGES, FL 32159

New Principal Place of Business:

Current Mailing Address:

13710 U.S. HIGHWAY 441
SUITE 100
THE VILLAGES, 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 U.S. HIGHWAY 441
SUITE 100
THE VILLAGES, 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/MANAGERS:

Title: MGR ( ) Delete
Name: MILLHORN, MICHAEL D
Address: 13710 U.S. HIGHWAY 441, SUITE 100
City-St-Zip: THE VILLAGES, FL 32159

Title: MGRM ( ) Delete
Name: MILLHORN, PAULETTE G
Address: 1835 S.E. 22ND STREET
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MILLHORN, MICHAEL D
Address: 13710 U.S. HIGHWAY 441, SUITE 100
City-St-Zip: THE VILLAGES, FL 32159

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

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL D. MILLHORN MGRM 03/23/2009

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