2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000012374

1. Entity Name
TITLE AFFILIATES OF INDIAN RIVER, L.L.C.

Principal Place of Business	Mailing Address
4900 CREEKSIDE DRIVE SUITE F CLEARWATER, FL 33760	101 GATEWAY CENTRE PARKWAY GATEWAY ONE RICHMOND, VA 23235

04272006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1116272
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KIRTLEY, WILLIAM T ESQ.
1776 RINGLING BLVD
SARASOTA, FL 34236

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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 the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	USA TITLE AFFILIATES INC
STREET ADDRESS	101 GATEWAY CENTRE PARKWAY
CITY-ST-ZIP	RICHMOND, VA 23235
TITLE	MGRM
NAME	FLECKRINGER, LAWRENCE
STREET ADDRESS	4900 HIDDEN PINE PLACE
CITY-ST-ZIP	COCOA, FL 32926
TITLE	MGRM
NAME	HARTUNG, JAMES
STREET ADDRESS	1493 STAFFORD AVENUE
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	MGRM
NAME	JENLINEK, DAVID
STREET ADDRESS	988 SABAL GROVE DRIVE
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	MGRM
NAME	STARKEY, KATHY
STREET ADDRESS	6901 ORANGE AVENUE
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000549262
05/13/06-80010-020 50.00

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11. I hereby certify that the information supplied with this filing 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: Hope M. Vaughan Hope M Vaughan 4-28-06 804 867 8697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #