

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013556

FILED
Apr 30, 2005
Secretary of State

Entity Name: TWIN RIVERS TITLE, LLC

Current Principal Place of Business:

1900 S. HICKORY ST.
SUITE B
MELBOURNE, FL 32901 US

New Principal Place of Business:

Current Mailing Address:

1900 S. HICKORY ST.
SUITE B
MELBOURNE, FL 32901 US

New Mailing Address:

FEI Number: 57-1159179

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FALLACE, JAMES H
1900 S. HICKORY ST.
SUITE A
MELBOURNE, FL 32901 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: MGRM () Delete
Name: FALLACE, JAMES H
Address: 1900 S HICKORY ST STE B
City-St-Zip: MELBOURNE, FL 32901

Title: MGRM () Delete
Name: LARKIN, DAVID G
Address: 1900 S. HICKORY ST STE B
City-St-Zip: MELBOURNE, FL 32901

Title: MGRM () Delete
Name: VALLIERE, ALICE C
Address: 1900 S. HICKORY ST., STE B
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VALLIERE, ALICE C
Address: 1900 S HICKORY ST STE B
City-St-Zip: MELBOURNE, FL 32901

Title: MGRM (X) Change () Addition
Name: FALLACE, JAMES H
Address: 1900 S. HICKORY ST STE B
City-St-Zip: MELBOURNE, FL 32901

Title: MGRM (X) Change () Addition
Name: LARKIN, DAVID G
Address: 1900 S. HICKORY ST., STE B
City-St-Zip: MELBOURNE, FL 32901

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: ALICE C. VALLIERE

MGRM

04/30/2005

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