


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90173 046 \*\*\*\*55.00

<b>DOCUMENT #</b> L01000014306	
<b>1. Entity Name</b> UNIVERSITY TITLE SERVICES, L.L.C.	

<b>Principal Place of Business</b> 1023 MANATEE AVE. WEST BRADENTON, FL 34205	<b>Mailing Address</b> ATTN: LEGAL DEPT. 101 GATEWAY CENTRE PARKWAY RICHMOND, VA 23235
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**20005329**

<b>2. Principal Place of Business</b> 8430 Enterprise Circle Suite, Apt. #, etc. Suite 120 City & State Bradenton Florida Zip 34202 Country Manatee	<b>3. Mailing Address</b> 6215 Lorraine Rd Suite, Apt. #, etc. City & State Bradenton FL Zip 34202 Country Manatee
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01302006 Chg-LLC CR2E083 (11/05)

<b>4. FEI Number</b> 65-1133352	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> GRIMES, CALPB J ESQ. 1023 MANATEE AVE. WEST BRADENTON, FL 34205	<b>7. Name and Address of New Registered Agent</b> Name: Anthony J Chiofalo Street Address (P.O. Box Number is Not Acceptable): 6215 Lorraine Road City: Bradenton FL Zip Code: 34202
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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: *Anthony J Chiofalo* DATE: 1/20/06  
(NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHROEDER-MANATEE RANCH, INC. 6215 LORRIANE ROAD BRADENTON, FL 34202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAWYERS TITLE INSURANCE CORPORATION 14802 N. DALE MABRY HWY., SUITE 100 TAMPA, FL 33618 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRIMES(S) GOEBEL GRIMES, ETC. P.A. 1023 MANATEE AVE. WEST BRADENTON, FL 34205 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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: *Anthony J Chiofalo* VP Mgr Manatee DATE: 1/20/06 DAYTIME PHONE: 755-1637 ext 245