2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 24, 2008 8:00 am Secretary of State

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DOCUMENT # L01000014306 1. Entity Name UNIVERSITY TITLE SERVICES, L.L.C.							03-24-2008	90333 (001 *4,168	3.75
Principal Place		Mailing Address 14400 COVENANT WAY				30002733				
BRADENTON		BRADENTON, FL 3420								FB 1 N 1 1881
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				03042008	Chg-LLC	CR2E	083 (12/06)	,
City & State		City & State			4. FEI Number Applied For 65-1133352 Not Applied ble					
Zip	Country	Zip	Count	iry		5. Certificate	of Status Desired	×	\$5.00 Add Fee Required	
	6. Name and Address of Current	Registered Agent				7. Name and	Address of New F	Registered	Agent	
CHIOFALO, ANTHONY J				Name				-		
14400 CO	VENANT WAY ON, FL 34202			Street A	ddress (F	P.O. Box Numbe	r is Not Acceptabl	e)		
				City					Zip Code	3
				City				FL	- 2,5 000	•
	named entity submits this statement folions of registered agent.	r the purpose of changing its	registere	ed office or	register	ed agent, or both	h, in the State of Fl	orida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered	1 Agent signate	ire required	when reinstating)		DATE		
						····			-	
FILE After May	NOW!!! FEE IS \$138.75 71, 2008 Fee will be \$538.75	5							payable to nent of State	.
After May	/ 1, 2008 Fee will be \$538.75		10.				Florid	a Departm	ent of State	•
9. THILE NAME STREET ADDRESS	MANAGING MEMBE MGRM SCHROEDER-MANATEE RANC 14400 COVENANT WAY	RS/MANAGERS ADelete	TITLE NAM! STRE	E ET ADDRESS	NG LW 144	RAN R HOLDI	Florid	a Departm	ent of State	ÆMAddition
9. TITLE NAME	MANAGING MEMBE MGRM SCHROEDER-MANATEE RANCE	RS/MANAGERS ADelete	TITLE NAM! STRE		NG LW IAA LA	RM R HOLDI OD 2011 KEWOZ	ADDITIONS NOS, UE	a Departm	ent of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGRM SCHROEDER-MANATEE RANC 14400 COVENANT WAY	RS/MANAGERS	TITLE NAME STREE CITY TITLE NAME STREE		MG LW IAA	RM R HOLDI OD 1004 KEWOZ	Florid	a Departm	Change	Addition 2072
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NIME STREET ADDRESS CITY-SI-ZIP TITLE	MANAGING MEMBE MGRM SCHROEDER-MANATEE RANC 14400 COVENANT WAY	RS/MANAGERS	TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE	E ET ADDRESS - ST- ZIP	MG LW ISA UA	em R How OD COVI KE WOZ	Florid	a Departm	Change	Addition 2072
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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:

SIGNAT

3.13.00

941-755-6574