

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019429

Entity Name: PROVINCIAL TITLE, LLC

FILED  
Feb 02, 2005  
Secretary of State

## Current Principal Place of Business:

7491 CONROY WINDERMERE ROAD, SUITE F  
ORLANDO, FL 32835

## New Principal Place of Business:

7652 AHSLEY PARK COURT  
SUITE 301  
ORLANDO, FL 32835

## Current Mailing Address:

7491 CONROY WINDERMERE ROAD, SUITE F  
ORLANDO, FL 32835

## New Mailing Address:

7652 ASHLEY PARK COURT  
SUITE 301  
ORLANDO, FL 32835

FEI Number: 59-3757455

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SKIPPER, STEPHEN L  
7491 CONROY WINDERMERE ROAD, SUITE F  
ORLANDO, FL 32835 US

## Name and Address of New Registered Agent:

SKIPPER, STEPHEN L  
7652 ASHLEY PARK COURT  
SUITE 301  
ORLANDO, FL 32835 US

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: STEPHEN L. SKIPPER

02/02/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: SKIPPER, STEPHEN L  
Address: 7491 CONROY WINDERMERE ROAD, SUITE F  
City-St-Zip: ORLANDO, FL 32835

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: SKIPPER, STEPHEN L  
Address: 7652 ASHLEY PARK COURT, SUITE 301  
City-St-Zip: ORLANDO, FL 32835

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: STEPHEN L. SKIPPER

MGR

02/02/2005

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