## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L02000006998

Entity Name: FLORIDA COMMERCIAL TITLE, L.L.C.

FILED Apr 28, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1745 W. FLETCHER AVENUE 1733 W. FLETCHER AVENUE TAMPA, FL 33612 US TAMPA, FL 33612 US

Current Mailing Address: New Mailing Address:

1745 W. FLETCHER AVENUE 1733 W. FLETCHER AVENUE TAMPA, FL 33612 US TAMPA, FL 33612 US

FEI Number: 01-0643966 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DWORZANOWSKI, GREGORY W
1745 W. FLETCHER AVENUE
TAMPA, FL 33612 US

DWORZANOWSKI, GREGORY W
1733 W. FLETCHER AVENUE
TAMPA, FL 33612 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.

ADDITIONS/CHANGES:

SIGNATURE: 04/28/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition Name: RICE, MITCHELL F RICE, MITCHELL F

Address: 1745 W. FLETCHER AVENUE Address: 1733 W. FLETCHER AVENUE City-St-Zip: TAMPA, FL 33612 US City-St-Zip: TAMPA, FL 33612 US

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name:DWORZANOWSKI, GREGORY WName:DWORZANOWSKI, GREGORY WAddress:1745 W. FLETCHER AVENUEAddress:1733 W. FLETCHER AVENUECity-St-Zip:TAMPA, FL 33612City-St-Zip:TAMPA, FL 33612

 Title:
 MGRM () Delete
 Title:
 MGRM (X) Change () Addition

 Name:
 RICE, SUZANNE L
 Name:
 RICE, SUZANNE L

Address: 1745 W. FLETCHER AVENUE Address: 1733 W. FLETCHER AVENUE City-St-Zip: TAMPA, FL 33612 City-St-Zip: TAMPA, FL 33612

City-St-Zip: TAMPA, FL 33612 City-St-Zip: TAMPA, FL 33612

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition Name: LEEDS, MICHAEL J Name: LEEDS, MICHAEL J

Address: 1745 W. FLETCHER AVENUE Address: 1733 W. FLETCHER AVENUE City-St-Zip: TAMPA, FL 33612 US TAMPA, FL 33612 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MITCHELL F. RICE MGR 04/28/2008