2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2005
Secretary of State

DOCUMENT# L02000008530

Entity Name: STONEWALL TITLE GROUP, L.L.C.

Current Principal Place of Business:

100 N. SPRING STREET
SUITE 1
PENSACOLA, FL 32502 US

New Principal Place of Business:

9843 HARLINGTON STREET
CANTONMENT, FL 32533 US

Current Mailing Address:

100 N. SPRING STREET
SUITE 1
PENSACOLA, FL 32502 US

New Mailing Address:

2859 WILLOW BAY TERRACE
CASSELBERRY, FL 32707 US

FEI Number: 02-0586435 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, S. AVERY
9843 HARLINGTON ST
CANTONMENT, FL 32533 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: SMITH, S. AVERY
Address: 1306 B EAST CERVANTES ST.
City-St-Zip: PENSACOLA, FL 32501

Title: MGR ( ) Delete
Name: SMITH, THOMAS M
Address: 100 N. SPRING ST., SUITE 1
City-St-Zip: PENSACOLA, FL 32502

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SMITH, S. AVERY
Address: 9843 HARLINGTON ST
City-St-Zip: CANTONMENT, FL 32533

Title: MGR (X) Change ( ) Addition
Name: SMITH, THOMAS M
Address: 9843 HARLINGTON ST
City-St-Zip: CANTONMENT, FL 32533

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: S AVERY SMITH MGRM 04/03/2005

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