

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000008530

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

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

9843 HARLINGTON STREET
CANTONMENT, FL 32533 US

New Principal Place of Business:

Current Mailing Address:

2859 WILLOW BAY TERRACE
CASSELBERRY, FL 32707 US

New Mailing Address:

FEI Number: 02-0586435 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, S. AVERY
9843 HARLINGTON ST
CANTONMENT, FL 32533 US

Name and Address of New Registered Agent:

SMITH, S. AVERY
2859 WILLOW BAY TERRACE
CASSELBERRY, FL 32707 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: S. AVERY SMITH

05/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SMITH, S. AVERY
Address: 2859 WILLOW BAY TERRACE
City-St-Zip: CASSELBERRY, FL 32707

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: S. AVERY SMITH

MGRM

05/01/2006

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