

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000009875

1. Entity Name
CU TITLE MANAGEMENT, LLC



Principal Place of Business
**3773 COMMONWEALTH BLVD.
TALLAHASSEE, FL 32303 US**

Mailing Address
**3773 COMMONWEALTH BLVD.
TALLAHASSEE, FL 32303 US**



02272006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3569358

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOOD, GUY
3773 COMMON WEALTH BLVD.
TALLAHASSEE, FL 32303**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

1100000461903
03/21/06-80014-014 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME FCUL SERVICE GROUP, INC.
STREET ADDRESS 3773 COMMONWEALTH BLVD.
CITY-ST-ZIP TALLAHASSEE, FL 32203

TITLE MGR
NAME CU TITLE INSURANCE CONSULTANTS, INC.
STREET ADDRESS P.O. BOX 1885
CITY-ST-ZIP BIRMINGHAM, AL 35201

TITLE MGR
NAME BAILEY, RICHARD A
STREET ADDRESS 1110 MONTLIMAR DR. STE 620
CITY-ST-ZIP MOBILE, AL 36609

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-7-06

Date

558-1110

Daytime Phone #