


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000010745 1. Entity Name CENTURION TITLE, LLC	
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Principal Place of Business 4040 DEL PRADO BLVD. CAPE CORAL, FL 33904	Mailing Address 4040 DEL PRADO BLVD. CAPE CORAL, FL 33904
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DO NOT WRITE IN THIS SPACE



03222005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 02-0594768	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent DELLUTRI, WILHELMINA 12620 WORLD PLAZA LN BLDG 60 STE 3 FORT MYERS, FL 33907
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PINNACLE TITLE COMPANY, INC. 12620 WORLD PLAZA LANE BLDG 60 STE 3 FORT MYERS, FL 33907
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03/30/05-80037-023 50.00

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11. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Robert Snow</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	<i>3/28/05</i> Date	Daytime Phone # _____
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