

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013089

Entity Name: FLORIDA TITLE INSURANCE, LLC

FILED
Apr 25, 2005
Secretary of State

Current Principal Place of Business:

1700 S MAC DILL AVE 300-B
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

1700 S MAC DILL AVE 300-B
TAMPA, FL 33629

New Mailing Address:

14001 N. DALE MABRY
TAMPA, FL 33618

FEI Number: 35-2170509

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, BYRON GIBBS JR.
18921 AVENUE BIARRITZ
LUTZ, FL 33558 US

Name and Address of New Registered Agent:

WILSON, BYRON GIBBS JR.
14001 N. DALE MABRY
TAMPA, FL 33618 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:

04/25/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: P () Delete
Name: BYRON, GIBBS W JR
Address: 18921 AVE BURRITZ
City-St-Zip: LUTZ, FL 33558

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WILSON, BYRON GIBBS JR
Address: 14001 N DALE MABRY
City-St-Zip: TAMPA, FL 33618

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: BYRON GIBBS WILSON JR.

MGR

04/25/2005

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