2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013089

Entity Name: FLORIDA TITLE INSURANCE, LLC

FILED May 30, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8907 REGENTS PARK DR. SU8ITE 370 8907 REGENTS PARK DR. TAMPA, FL 33647

SUITE 370

TAMPA, FL 33647

Current Mailing Address: New Mailing Address:

8907 REGENTS PARK DR. SU8ITE 370 14001 N. DALE MABRY TAMPA, FL 33647 SUITE B

TAMPA, FL 33618

FEI Number: 35-2170509 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: Name and Address of New Registered Agent:

WILSON, BYRON GIBBS JR. WILSON, BYRON GIBBS JR. 14001 N. DALE MABRY 14001 N. DALE MABRY TAMPA, FL 33618 SUITE B 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: 05/30/2006

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

() Delete Title: (X) Change () Addition WILSON, BYRON GIBBS JR WILSON, BYRON GIBBS JR Name: Name: Address: 14001 N DALE MABRY Address: 14001 N DALE MABRY SUITE B

City-St-Zip: TAMPA, FL 33618 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 Chapter 119, Florida Statutés. 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. 05/30/2006