2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2007
Secretary of State

DOCUMENT# L02000013089

Entity Name: FLORIDA TITLE INSURANCE AGENCY, LLC

Current Principal Place of Business:

8907 REGENTS PARK DR.
SUITE 370
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

14001 N. DALE MABRY
SUITE B
TAMPA, FL 33618

New Mailing Address:

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.
14001 N. DALE MABRY
SUITE B
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: WILSON, BYRON GIBBS JR
Address: 14001 N DALE MABRY SUITE B
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES:

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: LORI WILSON CFO 03/22/2007

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