2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000022969

1. Entity Name

MIDFLORIDA TITLE PROFESSIONALS, L.L.C.



Principal Place of Business

Mailing Address

3008 S. FLORIDA AVENUE LAKELAND, FL 33803 3008 S. FLORIDA AVENUE LAKELAND, FL 33803

FILED Jan 19, 2006 8:00 am Secretary of State

01-19-2006 90063 003 ****50.00

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01092006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 51-0423632

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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8.	8. The above named entity submits this statement for the purpose of changing its	s registered office or registered agen	t, 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 reinstating)

DATE

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

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	MILLER, RICHARD A
STREET ADDRESS	2323 S. FLORIDA AVENUE
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	MGR
NAME	GIBSON, SANDRA
STREET ADDRESS	3008 SOUTH FLORIDA AVENUE
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	Λ

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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:

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

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Daytime Phone #