2006 LIMITED LIABILITY COMPANY
\* ANNUAL REPORT (AR)

SIGNATUR

## Feb 06, 2006 08:00 AM Secretary of State DOCUMENT # L02000023117 1. Entity Name 1ST CHOICE TITLE AGENCY, LLC Principal Flace of Business Mailing Address 9735 US HWY 19 9735 US HWY 19 PORT RICHEY FL 34668 PORT RICHEY FL 34668 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. il. etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For 54-2071703 Not Applicat Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DWYER, MARGARET L 9735 US HWY 19 Street Address (P.O. Box Number is Not Acceptable) PORT RICHEY FL 34668 City 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, typed or printed name or registered agent and title it applicable (NOTE: Registered Agent signature required when reinstuting) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES RITLE MGR Detete BILE ☐ Change Addition MANE KEYSTONE TITLE AGENCY, INC. MAME STREET ADDRESS STREET ADDRESS 9735 US HWY 19 U00000422395 CHY-ST-IN CYTY - ST - ZIP PORT RICHEY FL 34668 <del>02/17/06-80₫ѮѮ</del> TITLE ☐ Delete TiTS F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Detete Change ☐ Addit MANT NAME STREET ADDRESS STREET ADDRESS CITY-51-20P CRTY - ST- ZR HILL ☐ Delete Change HILE III ∧det NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7/P CITY-ST-ZIP TITE F ☐ Delete 77T1 F ☐ Change A .... NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZOP TRYLL Defete HILE ☐ Change 7.3.32 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-70 11. I hereby certify that the information supplied with this fiting does not qualify for the exemptions contained in Section 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 hability company or the receiver or trustee empowered to execute this teppit as required by Chapter 608, Florida Statutes.

**FILED** 

1-31-2006 7278625003