

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000032805
 1. Entity Name
BAYVIEW TITLE INSURANCE AGENCY LLC



Principal Place of Business Mailing Address
11300 FOURTH STREET NORTH, STE. 200 **11300 FOURTH STREET NORTH, STE. 200**
ST PETERSBURG, FL 33716 **ST PETERSBURG, FL 33716**



01172006No Chg-LLC CR2E083 (11/05)
 4. FEI Number Applied For
57-1141198 Not Applicable
 5. Certificate of Status Desired **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CHADWICK, JAMES M
11300 FOURTH STREET NORTH, STE. 200
ST PETERSBURG, FL 33716

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

1100000413502
 02/10/06-80087-025 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CHADWICK, JAMES N
STREET ADDRESS	11300 4TH ST N STE 200
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716
TITLE	MGRM
NAME	SEMBLER, M. STEVEN
STREET ADDRESS	11300 4TH ST N STE 200
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: James M. Chadwick 01/25/06 (727) 576-0047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #
James M. Chadwick, Managing Member