


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

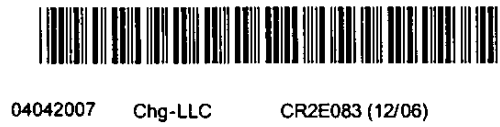
**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90028 040 \*\*\*\*55.00

|  |   |
|--|---|
| <b>DOCUMENT # L02000032805</b>                       |  |
| 1. Entity Name<br>BAYVIEW TITLE INSURANCE AGENCY LLC |   |

|   |   |
|---|---|
| Principal Place of Business<br>11300 FOURTH STREET NORTH, STE. 200<br>ST PETERSBURG, FL 33716 | Mailing Address<br>11300 FOURTH STREET NORTH, STE. 200<br>ST PETERSBURG, FL 33716 |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
| City & State  | City & State                              |
| Zip Country   | Zip Country                               |



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

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>57-1141198   | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>  | \$5.00 Additional Fee Required |
| 7. Name and Address of New Registered Agent<br>Name BALLAST POINT GROUP LLC<br>Street Address (P.O. Box Number is Not Acceptable)<br>11300 4th St. N., Suite 200<br>City St. Petersburg FL Zip Code 33716 |                                |

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.

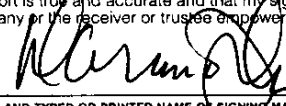
SIGNATURE  Julie V. Fanelli DATE 4/17/07

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

|   |  |
|---|--|
| <b>Filing Fee is \$50.00 Due by May 1, 2007</b> | <b>Make check payable to Florida Department of State</b> |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                   |  |  | 10. ADDITIONS/CHANGES                          |   |  |
|--|--|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>CHADWICK, JAMES N<br>11300 4TH ST N STE 200<br>SAINT PETERSBURG, FL 33716  | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>Ballast Point Group LLC<br>11300 4th St. N., Suite 200<br>St. Petersburg, FL 33716 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>SEMBLER, M. STEVEN<br>11300 4TH ST N STE 200<br>SAINT PETERSBURG, FL 33716 | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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:  Darian W. Johnson DATE 4/17/07 DAYTIME PHONE # 727-577-9197

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