

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000032805 1. Entity Name BAYVIEW TITLE INSURANCE AGENCY LLC	
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Principal Place of Business 11300 FOURTH STREET NORTH, STE. 200 ST PETERSBURG, FL 33716	Mailing Address 11300 FOURTH STREET NORTH, STE. 200 ST PETERSBURG, FL 33716
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DO NOT WRITE IN THIS SPACE



01282008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 57-1141198	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BALLAST POINT GROUP LLC
 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)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BALLAST POINT GROUP LLC 11300 4TH ST N STE 200 SAINT PETERSBURG, FL 33716
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 02/29/08-80003-016 138.75

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:  Julie V. Fanelli 01/28/08 727-576-0047

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #