


**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**



Principal Place of Business <b>11300 FOURTH STREET NORTH, STE. 200          ST PETERSBURG, FL 33716</b>	Mailing Address <b>11300 FOURTH STREET NORTH, STE. 200          ST PETERSBURG, FL 33716</b>
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**DO NOT WRITE IN THIS SPACE**



01282008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>57-1141198</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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	<b>MGRM BALLAST POINT GROUP LLC 11300 4TH ST N STE 200 SAINT PETERSBURG, FL 33716</b>
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 02/29/08-80003-016 138.75

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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:**  **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 #