


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90334 001 ****50.00

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| DOCUMENT # L02000033895 |  |
| 1. Entity Name COLONIAL REAL ESTATE TITLE, LLC | |

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| Principal Place of Business 320 W. SABAL PALM PLACE, SUITE 300 LONGWOOD, FL 32779 | Mailing Address 320 W. SABAL PALM PLACE, SUITE 300 LONGWOOD, FL 32779 |
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| 2. Principal Place of Business - No P.O. Box # 1009 Maitland Center Commons Blvd | 3. Mailing Address 1009 Maitland Center Commons Blvd |
| Suite, Apt. #, etc. Suite 216 | Suite, Apt. #, etc. Suite 216 |
| City & State Maitland, Florida | City & State Maitland, Florida |
| Zip 32751 | Country 32751 |

04112007 Chg-LLC CR2E083 (12/06)

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| 4. FEI Number 59-0810304 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent KEIDAISH, PHILIP F JR 320 W SABAL PALM PLACE STE. 300 LONGWOOD, FL 32779 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

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| Filing Fee is \$50.00 Due by May 1, 2007 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM KEIDAISH, PHILIP F JR. 320 W. SABAL PALM PLACE, SUITE 300 LONGWOOD, FL 32779 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM WHITAKER, LORI A 1009 MAITLAND CENTER COMMONS BLVD., #216 MAITLAND, FL 32751 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PARKER, H. CLAY 1009 MAITLAND CENTER COMMONS BLVD., #216 MAITLAND, FL 32751 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS 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: *Lori A Whitaker* **4/30/07**

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