

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000002050

FILED
Aug 17, 2006
Secretary of State

Entity Name: SYMPHONY TITLE INSURANCE COMPANY, LLC

Current Principal Place of Business:

8895 NORTH MILITARY TRAIL STE E-206
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

8895 NORTH MILITARY TRAIL STE C-201
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

8895 NORTH MILITARY TRAIL STE E-206
PALM BEACH GARDENS, FL 33410

New Mailing Address:

8895 NORTH MILITARY TRAIL STE C-201
PALM BEACH GARDENS, FL 33410

FEI Number: 54-2102130 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MITCHELL I. KITROSER, P.A.
8895 NORTH MILITARY TRAIL STE E-206
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

MITCHELL I. KITROSER, P.A.
8895 NORTH MILITARY TRAIL STE C-201
PALM BEACH GARDENS, FL 33410 US

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.

SIGNATURE: MITCHELL I. KITROSER

08/17/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: KITROSER, MITCHELL I
Address: 8895 NORTH MILITARY TRAIL STE E-206
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: ST () Delete
Name: DEAN-HIPPLE, KATHLEEN
Address: 8895 NORTH MILITARY TRAIL STE E-206
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES:

Title: P,S (X) Change () Addition
Name: KITROSER, MITCHELL I
Address: 8895 NORTH MILITARY TRAIL STE C-201
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VP,T (X) Change () Addition
Name: DEAN-HIPPLE, KATHLEEN
Address: 8895 NORTH MILITARY TRAIL STE C-201
City-St-Zip: PALM BEACH GARDENS, FL 33410

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MITCHELL I. KITROSER

P

08/17/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date