

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000006885

FILED
Mar 12, 2005
Secretary of State

Entity Name: JACKSONVILLE TITLE AND TRUST, LLC

Current Principal Place of Business:

8825 PERIMETER PARK BLVD.
SUITE 402
JACKSONVILLE, FL 32216 US

Current Mailing Address:

8825 PERIMETER PARK BLVD.
SUITE 402
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

6601 SOUTHPOINT DRIVE NORTH
SUITE 100
JACKSONVILLE, FL 32216 US

New Mailing Address:

6601 SOUTHPOINT DRIVE NORTH
SUITE 100
JACKSONVILLE, FL 32216 US

FEI Number: 82-0589084

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INTREPID REGISTERED AGENT SERVICES, LLC
225 WATER STREET STE. 2020
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

SHARP, JR, WILLIAM H
8825 PERIMETER PARK BOULEVARD
SUITE 401
JACKSONVILLE, FL 32216 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: WILLIAM H SHARP JR

03/12/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR (X) Delete
Name: MCAFEE, MATTHEW S P
Address: 225 WATER STREET, SUITE 2020
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: MGR (X) Delete
Name: DRIVER, JR., G. RAY VPT
Address: 225 WATER STREET, SUITE 2020
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: MGR () Delete
Name: SHARP, JR., WILLIAM H VPS
Address: 8825 PERIMETER PARK BOULEVARD, SUITE 402
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: MGR () Delete
Name: SHARP, SR., WILLIAM H VP
Address: 8825 PERIMETER PARK BOULEVARD, SUITE 402
City-St-Zip: JACKSONVILLE, FL 32216 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: SHARP, JR., WILLIAM H PRES
Address: 8825 PERIMETER PARK BOULEVARD, SUITE 402
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAM H. SHARP, JR

MGR

03/12/2005

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