## 2005 LIMITED LIABILITY COMPANY

## **FILED ANNUAL REPORT** Mar 30, 2005 08:00 AM DOCUMENT # L03000009631 **Secretary of State** 1. Entity Name OMNIMARK TITLE SERVICES, LLC Principal Place of Business Mailing Address 12620 WORLD PLAZA LN, BUILDING 60, STE 3 12620 WORLD PLAZA LN, BUILDING 60, STE 3 FORT MYERS, FL 33907 FORT MYERS, FL 33907 03222005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 42-1586653 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PINNACLE TITLE COMPANY, INC. 12620 WORLD PLAZA LANE, BUILDING 60, STE 3 FORT MYERS, FL 33907 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, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGR TITLE PINNACLE TITLE COMPANY, INC. NAME STREET ADDRESS 12620 WORLD PLAZA LANE, BUILDING 60, STE 3 CITY-ST-ZIP FORT MYERS, FL 33907 TITLE U00000280936 NAME 03/30/05-80037-022 50.00 STREET ADDRESS C!TY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATU	RE:	A	Bowl		Sna	J_		
81	GNATURE AND	TYPED OR	RINTED NAME	of Signing	MANAGING N	MEMBER, OR AUTHOR	RIZED REPRESENTATIVE	-

TITLE NAME STREET ADDRESS CITY-ST-ZIP

3/28/05