FILED
Apr 28, 2005 8:00 am
Secretary of State
04-28-2005 90025 039 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000010657

1. Entity Name
SOUTHERN ALLIANCE TITLE, LLC

14002812

Principal Place of Business	Mailing Address
801 BEVILLE RD 201 DAYTONA BEACH, FL 32119	2335 BEVILLE ROAD DAYTONA BEACH, FL 32119

04252005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite Apt # etc		Suite Apt # etc	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 43-2005106 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STEIN, W. JEFFRY ESQ
1420 ALAFAYA TRAIL, SUITE 101
OVIEDO, FL 32765

7. Name and Address of New Registered Agent

Name: Peppler, Thomas, R., ESQ.
Street Address (P O Box Number is Not Acceptable): 1420 Alafaya Trail, Suite 101
City: Oviedo FL Zip Code: 32765

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: [signature] Thomas R. Peppler, ESQ. 4/25/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOUTHERN TITLE SUPPORT GROUP, LLC 2335 BEVILLE ROAD DAYTONA BEACH, FL 32119	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: [signature] Shelley Stewart, President 4/26/05 386-760-9010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #