

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000012762

FILED  
Apr 11, 2006  
Secretary of State

**Entity Name:** TITLE SERVICES OF TAMPA BAY, LLC

**Current Principal Place of Business:**

2719 SR 580  
CLEARWATER, FL 33761

**New Principal Place of Business:**

**Current Mailing Address:**

2075 CENTRE POINTE BLVD  
TALLAHASSEE, FL 32308

**New Mailing Address:**

140 FOUNTAIN PARKWAY  
SUITE 210  
ST. PETERSBURG, FL 33716

**FEI Number:** 91-2191876

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FIRST AMERICAN AFFILIATES, INC.  
2075 CENTRE POINTE BLVD  
TALLAHASSEE, FL 32308 US

**Name and Address of New Registered Agent:**

FIRST AMERICAN AFFILIATES, INC.  
140 FOUNTAIN PARKWAY  
SUITE 210  
ST. PETERSBURG, FL 33716 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:

04/11/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FIRST AMERICAN AFFIL, IATES, INC  
Address: 2075 CENTRE POINTE BLVD  
City-St-Zip: TALLAHASSEE, FL 32308 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FIRST AMERICAN AFFIL, IATES, INC  
Address: 140 FOUNTAIN PARKWAY, SUITE 210  
City-St-Zip: ST. PETERSBURG, FL 33716 US

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: MICHAEL LAROSA

VP

04/11/2006

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