

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90052 014 ****50.00

20040113



DOCUMENT # L03000016567 1. Entity Name FOUNTAINHEAD TITLE OF FLORIDA, LLC					
Principal Place of Business 15310 AMBERLY DRIVE 165 TAMPA, FL 33647 US			Mailing Address 10025 GOVERNOR WARFIELD PWKY COLUMBIA, MD 21044 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 26606 Magnolia Blvd. Suite, Apt. #, etc.		04282006 Chg-LLC CR2E083 (11/05)	
City & State		City & State Lutz, FL		4. FEI Number 20-0017750	
Zip 33549		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HOWARD, LOIS K 15310 AMBERLY DRIVE 165 TAMPA, FL 33647				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOWARD, LOIS K MRS. 15310 AMBERLY DRIVE SUITE 165 TAMPA, FL 33647 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Edward J. Brush 26606 Magnolia Blvd Lutz, FL 33549 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: M. [Signature] <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 4/28/06 Daytime Phone # 813 632 7997		