

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016943

FILED
Jan 12, 2005
Secretary of State

Entity Name: ELITE TITLE SERVICES OF SW FLORIDA, L.L.C.

Current Principal Place of Business:

100 LOVERS LANE SUITE 201
FORT MYERS BEACH, FL 33931

New Principal Place of Business:

100 LOVER'S LANE, SUITE 201
FORT MYERS BEACH, FL 33931 US

Current Mailing Address:

100 LOVERS LANE SUITE 201
FORT MYERS BEACH, FL 33931

New Mailing Address:

100 LOVER'S LANE, SUITE 201
FORT MYERS BEACH, FL 33931 US

FEI Number: 20-0018415

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAEBER, ADRIENNE C
100 LOVERS LANE SUITE 201
FORT MYERS BEACH, FL 33931 US

Name and Address of New Registered Agent:

GRAEBER, ADRIENNE C
100 LOVER'S LANE, SUITE 201
FORT MYERS BEACH, FL 33931 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: ADRIENNE C. GRAEBER

01/12/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GRAEBER, ADRIENNE C
Address: 100 LOVERS LANE SUITE 201
City-St-Zip: FORT MYERS BEACH, FL 33931

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GRAEBER, ADRIENNE C
Address: 100 LOVER'S LANE, SUITE 201
City-St-Zip: FORT MYERS BEACH, FL 33931 US

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: ADRIENNE C. GRAEBER

MGRM

01/12/2005

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