

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L03000018468

FILED
Apr 22, 2005
Secretary of State

Entity Name: BACKSTREET TITLE INSURANCE AGENCY, LLC

Current Principal Place of Business:

1275 WEST GRANADA BLVD.
SUITE 4-A
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

1275 WEST GRANADA BLVD.
SUITE 4-A
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 42-1592919

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STRASNICK, ARTHUR P
1275 WEST GRANADA BLVD.
SUITE 4-A
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: STRASNICK, ARTHUR P
Address: 1275 W GRANADA BLVD. STE 4-A
City-St-Zip: ORMOND BEACH, FL 32174

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: STRASNICK, JANE
Address: 1275 W GRANADA BLVD STE 4-A
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM () Change (X) Addition
Name: KEPPLER, MONICA
Address: 1275 W GRANADA BLVD STE 4-A
City-St-Zip: ORMOND BEACH, FL 32174

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: ARTHUR STRASNICK

MGR

04/22/2005

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