2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000021006

SHEFFIELD & BOATRIGHT TITLE SERVICES, LLC



Principal Place of Business

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

Mailing Address

6101 GAZEBO PARK PLACE NORTH SUITE 101 JACKSONVILLE, FL 32257 US

6101 GAZEBO PARK PLACE NORTH SUITE 101

JACKSONVILLE, FL 32257 US

FILED Jan 18, 2006 8:00 am Secretary of State

01-18-2006 90004 003 ****50.00

20001429



01052006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
35-2208987	ſ	Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SHEFFIELD, J. HOWARD ESQ 6101 GAZEBO PARK PLACE NORTH **SUITE 101** JACKSONVILLE, FL 32257

DC	NOT	WRITE
IN	THIS	SPACE

-13.Do

	named entity submits this statement for the purpose of chang ons of registered agent.	ging its registered office or registered agent, or both, in the State of FI	orida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
	ling Fee is \$50.00 ue by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHEFFIELD, J. HOWARD 6101 GAZEBO PARK PLACE NORTH SUITE 101 JACKSONVILLE, FL 32257		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOATRIGHT, SCOTT R 6101 GAZEBO PARK PLACE NORTH SUITE 101 JACKSONVILLE, FL 32257		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT W	/RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SI	PACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	^		
11. I hereby indicated timited lia	certify that the information supplied with this filing does not on on this report is true and accurate and that my signature sh bility company or the receiver or trustee employeded to exec	qualify for the exemptions contained in Chapter 119, Florida Statutes, all have the same legal effect as if made under oath; that I am a magute this report as required by Chapter 608, Florida Statutes.	I further certify that the information inaging member or manager of the

AME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE