
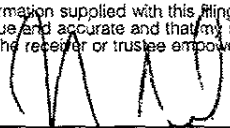


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000021006		
1. Entity Name SHEFFIELD & BOATRIGHT TITLE SERVICES, LLC		
Principal Place of Business 6101 GAZEBO PARK PLACE NORTH SUITE 101 JACKSONVILLE, FL 32257 US	Mailing Address 6101 GAZEBO PARK PLACE NORTH SUITE 101 JACKSONVILLE, FL 32257 US	
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		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
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		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 603, Florida Statutes.		
SIGNATURE:  1-11-07		904-733-7900
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>



01052007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 35-2208987	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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01/16/07-80042-014 50.00