

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026992

Entity Name: ALLIED TITLE AGENCY, LLC

FILED  
Mar 13, 2006  
Secretary of State

## Current Principal Place of Business:

2135 NW 40TH TERR SUITE C  
GAINESVILLE, FL 32605 US

## New Principal Place of Business:

## Current Mailing Address:

7360 BRYAN DAIRY RD SUITE 200  
LARGO, FL 33777 US

## New Mailing Address:

140 FOUNTAIN PARKWAY  
SUITE 210  
ST. PETERSBURG, FL 33716 US

FEI Number: 43-2022764

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FIRST AMERICAN AFFILIATES, INC.  
2075 CENTRE POINTE BLVD.  
TALLAHASSEE, FL 32308 US

## Name and Address of New Registered Agent:

FIRST AMERICAN AFFILIATES, INC.  
140 FOUNTAIN PARKWAY  
SUITE 210  
ST. PETERSBURG, FL 33716 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:

03/13/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: FIRST AMERICAN AFFIL, IATES, INC.  
Address: 2075 CENTRE POINTE BLVD.  
City-St-Zip: TALLAHASSEE, FL 32308 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: FIRST AMERICAN AFFIL, IATES, INC.  
Address: 140 FOUNTAIN PARKWAY, SUITE 210  
City-St-Zip: ST. PETERSBURG, FL 33716 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JAMES GALLAWAY

PRES

03/13/2006

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