

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029894

FILED
Mar 15, 2006
Secretary of State

Entity Name: TITLE PARTNERS OF INDIAN RIVER, LLC

Current Principal Place of Business:

7360 BRYAN DAIRY ROAD, SUITE 200
LARGO, FL 33777

New Principal Place of Business:

21301 POWERLINE ROAD
#106
BOCA RATON, FL 33433

Current Mailing Address:

7360 BRYAN DAIRY ROAD, SUITE 200
LARGO, FL 33777

New Mailing Address:

140 FOUNTAIN PARKWAY
SUITE 210
ST. PETERSBURG, FL 33716

FEI Number: 20-0068382

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE SECURITY FIRST TITLE AFFILIATES INC
7360 BRYAN DAIRY ROAD, SUITE 200
LARGO, FL 33777 US

Name and Address of New Registered Agent:

THE SECURITY FIRST TITLE 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:

03/15/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: THE SECURITY FIRST T, ITLE AFFILATES INC
Address: 7360 BRYAN DAIRY ROAD, SUITE 200
City-St-Zip: LARGO, FL 33777

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: THE SECURITY FIRST T, ITLE AFFILATES INC
Address: 140 FOUNTAIN PARKWAY, SUITE 210
City-St-Zip: ST. PETERSBURG, FL 33716

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: FRANK CAMPERLENGO

PRES

03/15/2006

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