2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 29, 2005
Secretary of State

DOCUMENT# L03000037094

Entity Name: OLD NATIONAL TITLE, LLC

Current Principal Place of Business:

975--6TH AVE. S.
SUITE 101
NAPLES, FL 34102 US

New Principal Place of Business:

975--6TH AVE. S.
SUITE 200
NAPLES, FL 34102 US

Current Mailing Address:

975--6TH AVE. S.
SUITE 101
NAPLES, FL 34102 US

New Mailing Address:

975--6TH AVE. S.
SUITE 200
NAPLES, FL 34102 US

FEI Number: 03-0529392 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KRUCHTEN LAW FIRM, LLC
975--6TH AVE. S.
SUITE 101
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

KRUCHTEN LAW FIRM, LLC
975--6TH AVE. S.
SUITE 200
NAPLES, FL 34102 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: DEMIAN M. KRUCHTEN 06/29/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: KRUCHTEN, DEMIAN M
Address: 975--6TH AVE. S, #101
City-St-Zip: NAPLES, FL 34102 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: KRUCHTEN, DEMIAN M
Address: 975--6TH AVE. S, #200
City-St-Zip: NAPLES, FL 34102 US

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: DEMIAN M. KRUCHTEN MGR 06/29/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date