


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000037094 1. Entity Name OLD NATIONAL TITLE, LLC					
Principal Place of Business 975--6TH AVE. S. SUITE 200 NAPLES, FL 34102 US			Mailing Address 975--6TH AVE. S. SUITE 200 NAPLES, FL 34102 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 03-0529392	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KRUCHTEN LAW FIRM, LLC 975--6TH AVE. S. SUITE 200 NAPLES, FL 34102				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRUCHTEN, DEMIAN M 975--6TH AVE. S, #200 NAPLES, FL 34102	<input type="checkbox"/> Delete			
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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 608, Florida Statutes.					
SIGNATURE: <u>Demian M. Kruchten</u> <u>Manager</u> <u>04-20-06</u> <u>(239) 775-8962</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					



04212006 Chg-LLC CR2E083 (11/05)

4. FEI Number 03-0529392 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

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