

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000040478

FILED
Apr 29, 2008
Secretary of State

Entity Name: FLORIDA TITLE & ABSTRACT III, LLC

Current Principal Place of Business:

1600 EAST AMELIA STREET
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

920 MAIN STREET
WINDERMERE, FL 32803

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, MARK
920 MAIN STREET
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: D () Delete
Name: ALLEN, MARK L
Address: 920 MAIN STREET
City-St-Zip: WINDERMERE, FL 34786

Title: D () Delete
Name: ALLEN, MATT W
Address: 10816 BOCA POINTE DR
City-St-Zip: ORLANDO, FL 32836

Title: D () Delete
Name: ALLEN, ANNE M
Address: 920 MAIN STREET
City-St-Zip: ORLANDO, FL 34786

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: ALLEN, MARK L
Address: 920 MAIN STREET
City-St-Zip: WINDERMERE, FL 34786

Title: VP (X) Change () Addition
Name: ALLEN, MATT W
Address: 10816 BOCA POINTE DR
City-St-Zip: ORLANDO, FL 32836

Title: ST (X) Change () Addition
Name: ALLEN, ANNE M
Address: 920 MAIN STREET
City-St-Zip: ORLANDO, FL 34786

I hereby certify that the information supplied with this filing does not qualify 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: ANNE M ALLEN

ST

04/29/2008

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