

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 25, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000041408

1. Entity Name  
ST. PETE TITLE, LLC



Principal Place of Business  
578 FIRST AVENUE NORTH  
ST. PETERSBURG, FL 33701

Mailing Address  
578 FIRST AVENUE NORTH  
ST. PETERSBURG, FL 33701



01132006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
05-0593070

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HORAK, HEIDI  
578 FIRST AVENUE NORTH  
ST. PETERSBURG, FL 33701

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2006

U00000401463  
02/02/06-80043-025 50.00

9. MANAGING MEMBERS/MANAGERS

|                |                          |
|----------------|--------------------------|
| TITLE          | MGRM                     |
| NAME           | HORAK, HEIDI             |
| STREET ADDRESS | 578 FIRST AVENUE NORTH   |
| CITY-STATE-ZIP | ST. PETERSBURG, FL 33701 |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-STATE-ZIP |  |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-STATE-ZIP |  |

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| NAME           |  |
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| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-STATE-ZIP |  |

U00000401463  
02/02/06-80043-026 5.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/20/06 896-5K  
727 827-577