


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 19, 2008 8:00 am
Secretary of State

08-19-2008 90027 012 ***538.75

DOCUMENT # L03000048738 1. Entity Name HOME TOWN TITLE OF NORTH FLORIDA, LLC					
Principal Place of Business 2744 US HIGHWAY 90 WEST LAKE CITY, FL 32055 US			Mailing Address 2744 US HIGHWAY 90 WEST LAKE CITY, FL 32055 US		
2. Principal Place of Business - No P.O. Box # 110. Office		3. Mailing Address 4041 NW 37th Pl.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. Gainesville FL			
City & State 		City & State Gainesville FL		4. FEI Number 16-1688511	
Zip 		Zip 32606		Country Alachua	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				07142008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent SAIER, FRANK P ESQ 4041 NW 37TH PLACE SUITE B GAINESVILLE, FL 32606			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAIER, FRANK M 4041 NW 37TH PLACE, SUITE B GAINESVILLE, FL 32606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DELANEY, PHILIP A 4041 NW 37TH PLACE, SUITE B GAINESVILLE, FL 32606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IVEY, RAYMOND M 4041 NW 37TH PLACE, SUITE B GAINESVILLE, FL 32606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.			352 374 - 4120 x 305		
SIGNATURE: <u>Frank P. Saier</u>			8-15-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		