

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000054467

Entity Name: HAILE TITLE COMPANY, LLC

FILED  
Jan 10, 2006  
Secretary of State

## Current Principal Place of Business:

5203 SW 91ST TERR, STE E  
GAINESVILLE, FL 32608

## New Principal Place of Business:

## Current Mailing Address:

5203 SW 91ST TERR, STE E  
GAINESVILLE, FL 32608

## New Mailing Address:

FEI Number: 20-0627544

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUTTS, ROBERT P ESQ  
FISHER, BUTTS, SECHREST & WARNER, PA  
5203 SW 91ST TERR, STE D  
GAINESVILLE, FL 32602 US

## Name and Address of New Registered Agent:

BUTTS, ROBERT P ESQ  
FISHER, BUTTS, SECHREST & WARNER, PA  
5203 SW 91ST TERR, STE D  
GAINESVILLE, FL 32608 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:

01/10/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: BUTTS, ROBERT P ESQ  
Address: 5203 SW 91ST TERRACE, SUITE E  
City-St-Zip: GAINESVILLE, FL 32608

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: ROBERTSON, CRAIG A  
Address: 5203 SW 91ST TERRACE, STE. E  
City-St-Zip: GAINESVILLE, FL 32608

I hereby certify that the information supplied with this filing does not qualify for the 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: CRAIG A. ROBERTSON

MGRM

01/10/2006

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