2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000001206

1. Entity Name SARÁSOTA MANATEE TITLE COMPANY, LLC



FILED Apr 16, 2007 08:00 AM Secretary of State

Principal Place of Business

27 FLETCHER AVE SARASOTA, FL 34237 Mailing Address

27 FLETCHER AVE SARASOTA, FL 34237



03092007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2887930

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FINKELSTEIN, DAVID 27 FLETCHER AVE SARASOTA, FL 34237

| 3 | | 200 | | | 111 | | 100 | | 100 | 20.2 | | 9.99 | 2000 | | |
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| 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 little # applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE | | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | | | | | | | | |
| 9, | MANAGING MEMBERS/MANAGERS | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR FINKELSTEIN, DAVID N 27 FLETCHER AVE SARASOTA, FL 34237 | | | | | | | | |
| THILE. NAME. STREET ADDRESS CITY-SI-ZIP | | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | | DO NOT V | VRITE | | | | | | |

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U00000711752 04/26/07-80020-007-50.00

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 cath; that I am a managing member or manager of the limited liability companyor the receiver or trustee in powered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY+ST-ZIP

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

Daytime Phone #