

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000001903

FILED  
Apr 16, 2007  
Secretary of State

Entity Name: ALLIANCE TITLE OF CENTRAL FLORIDA, LLC

## Current Principal Place of Business:

730 E. STRAWBRIDGE AVE  
MELBOURNE, FL 32901

## New Principal Place of Business:

## Current Mailing Address:

730 E. STRAWBRIDGE AVE  
MELBOURNE, FL 32901

## New Mailing Address:

FEI Number: 56-2433743

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CASELLA, LIZABETH A  
730 E STRAWBRIDGE AVE  
MELBOURNE, FL 32901 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: MGRM ( ) Delete  
Name: THE ALLIANCE OF CENTRAL FLORIDA, LLC  
Address: 730 E. STRAWBRIDGE AVE SUITE 100  
City-St-Zip: MELBOURNE, FL 32901

Title: MGRM ( ) Delete  
Name: MATARAZZO, PATRICIA  
Address: 730 E. STRAWBRIDGE AVE SUITE 100  
City-St-Zip: MELBOURNE, FL 32901

Title: MGRM ( ) Delete  
Name: SPRAGINS, MICHAEL W  
Address: 730 E. STRAWBRIDGE AVE SUITE 100  
City-St-Zip: MELBOURNE, FL 32901

Title: MGRM ( ) Delete  
Name: SPRAGINS, STEPHEN H  
Address: 730 E. STRAWBRIDGE AVE SUITE 100  
City-St-Zip: MELBOURNE, FL 32901

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

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: THE ALLIANCE OF BREVARD, INC.  
Address: 730 E. STRAWBRIDGE AVE SUITE 100  
City-St-Zip: MELBOURNE, FL 32901

Title: MGRM (X) Change ( ) Addition  
Name: CASELLA, LIZABETH A  
Address: 730 E. STRAWBRIDGE AVE SUITE 100  
City-St-Zip: MELBOURNE, FL 32901

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

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

Title: D ( ) Change (X) Addition  
Name: MATARAZZO, PATRICIA  
Address: 730 E. STRAWBRIDGE AVE SUITE 100  
City-St-Zip: MELBOURNE, FL 32901

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: LIZABETH A. CASELLA

MGRM

04/16/2007

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