## **FILED** 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT Jan 28, 2008 08:00 A Secretary of State **DOCUMENT # L04000006066** 1. Entity Name EQUITY NATIONAL TITLE, L.L.C. Principal Place of Business 31564 US HWY 19 NORTH 31564 US HWY 19 NORTH PALM HARBOR, FL 34684 PALM HARBOR, FL 34684 CR2E083 (12/07) 01042008 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number 41-2123233 \$5.00 Additional 5. Certificate of Status Desired Carlos a co Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE GUJU, MICHAEL J 31564 US HWY 19 NORTH PALM HARBOR, FL 34684 IN THIS SPACE

				<del></del>		
8	8. The above named entity submits this statement for the purpose of changing its registered of	fice or registered agent	, or both, in the	State of Florida	l am familiar with, ar	nd accept
	the obligations of registered agent.					

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

(NOTE Registered Agent signature required when reinstating)

## FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000800595 01/31/08-80023-018 138.75

Applied For

Not Applicable

9.	MANAGING MEMBERS/MANAGERS				
HILE	MGRM				
NAME	GUJU, MICHAEL J				
STREET ADDRESS	31564 US HWY 19 NORTH				
CITY-ST-ZIP	PALM HARBOR, FL 34684				
TITLE					
NAME					
STREET ADDRESS					
CHY-SI-ZIP					
TIFLE					
NAME					
STREET ADDRESS					
CITY-S1-ZIP					
IIILE					
NAME					
STREET ADDRESS					
City-Si-ZiP					
INTE					
NAME					
STREET ADDRESS					
CITY-S1-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CHY-SI-ZIP					
11. I hereby certify that the information supplied with this filling does not qualify for the ex					

DO NOT WRITE IN THIS SPACE

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 eath; 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

IANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #