


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**Jul 18  
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**DOCUMENT # L04000009102**

1. Entity Name  
TITLE ASSURANCE SERVICES, LLC



Principal Place of Business 218 PILOT STREET BOX 402 BOCA GRANDE, FL 33921 US	Mailing Address 218 PILOT STREET BOX 402 BOCA GRANDE, FL 33921 US
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07102006 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>73-1693758</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

ROBBINS, MICHAEL H  
SHUMAKER, LOOP & KENDRICK, LLP  
101 E KENNEDY BLVD, STE 2800  
TAMPA, FL 33602

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when re-appointing)

**Filing Fee is \$50.00  
Due by September 8, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOOKER, WALTER L 2324 MONUMENT AVENUE RICHMOND, VA 23220
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07/18/06-80016-021 50.00

**DO NOT WRITE IN THIS SPACE**

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.

SIGNATURE: Walter L Hooker *Manager* 7-14-06 804 282-9555  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #