2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000031318

1. Entity Name
SUN GULF TITLE OF ORLANDO L.L.C.

Principal Place of Business	Mailing Address
31564 US HWY 19 NORTH PALM HARBOR, FL 34684	31564 US HWY 19 NORTH PALM HARBOR, FL 34684

01102007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1250302
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GUJU, MICHAEL J
31564 US HWY 19 NORTH
PALM HARBOR, FL 34684

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

U00000533087
01/22/07-80015-022 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GUJU, MICHAEL J
STREET ADDRESS	31564 US HWY 19 NORTH
CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	MGR
NAME	EQUITY NATIONAL TITLE, L.L.C.
STREET ADDRESS	31564 US HWY 19 NORTH
CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 1-16-07 (727)526-3529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #