

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000033314

FILED
Jan 30, 2006
Secretary of State

Entity Name: SEMPER WOODS TITLE, LLC

Current Principal Place of Business:

425 W COLONIAL DR, STE 206
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

425 W COLONIAL DR, STE 204
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 20-1135329

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODS, JONATHAN D
SEMPER WOODS, PA
425 W COLONIAL DR, STE 204
ORLANDO, FL 32804 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: MGR () Delete
Name: WOODS, JONATHAN D
Address: 425 W. COLONIAL DRIVE, SUITE 204
City-St-Zip: ORLANDO, FL 32804

Title: MGR () Delete
Name: CRAWFORD, TAMMIE L
Address: 425 W. COLONIAL DRIVE, SUITE 204
City-St-Zip: ORLANDO, FL 32804

Title: MGR (X) Delete
Name: FORD, CINDY G
Address: 425 W. COLONIAL DRIVE, SUITE 204
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES:

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

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

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

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: JONATHAN D. WOODS

MGR

01/30/2006

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