

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000035073

FILED
Apr 22, 2005
Secretary of State

Entity Name: MAGNOLIA TITLE SERVICES, LLC

Current Principal Place of Business:

660 9TH STREET NORTH
SUITE 3
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

660 9TH STREET NORTH
3
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 77-0633040

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNORR, KAROL L
7810 HACIENDA BLVD
205C
BONITA SPRINGS, FL 34135 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/MEMBERS:

Title: MGRM () Delete
Name: PHILLIPS, TIMOTHY A
Address: 660 9TH STREET NORTH, SUITE 3
City-St-Zip: NAPLES, FL 34102 US

Title: MGRM () Delete
Name: PHILLIPS, SIMONE
Address: 660 9TH STREET NORTH, SUITE 3
City-St-Zip: NAPLES, FL 34102 US

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

ADDITIONS/CHANGES:

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

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

Title: MGRM () Change (X) Addition
Name: ROMAN, MICHELLE
Address: 3066 9TH STREET NORTH, SUITE 302
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TIMOTHY A. PHILLIPS

MGRM

04/22/2005

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