

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000035093

FILED  
Apr 17, 2007  
Secretary of State

Entity Name: FIDELITY TITLE SERVICES, LLC

**Current Principal Place of Business:**

151 EAST HIGHLAND BLVD., SUITE 171  
INVERNESS, FL 34452

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1389  
INVERNESS, FL 34451

**New Mailing Address:**

FEI Number: 20-1105096

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EDEN, JOHN H IV  
52 U.S. HWY. 41 SOUTH  
INVERNESS, FL 34450 US

**Name and Address of New Registered Agent:**

EDEN, JOHN H IV  
151 E. HIGHLAND BLVD., SUITE 171  
INVERNESS, FL 34452 US

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: JOHN H. EDEN IV

04/17/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: EDEN, JOHN H IV  
Address: 52 U.S. HWY 41 SOUTH  
City-St-Zip: INVERNESS, FL 34451

Title: MGRM ( ) Delete  
Name: EVERETT, CECIL C  
Address: 132 SOUTH SPARROW POINT  
City-St-Zip: INVERNESS, FL 34450

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: EDEN, JOHN H IV  
Address: 151 E. HIGHLAND BLVD., SUITE 171  
City-St-Zip: INVERNESS, FL 34452

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: JOHN H. EDEN IV

MGRM

04/17/2007

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