


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90019 030 ****50.00

DOCUMENT # L04000036940	
1. Entity Name EXEMPLAR TITLE COMPANY, LLC	

Principal Place of Business 12627 SAN JOSE BLVD 302 JACKSONVILLE, FL 32223	Mailing Address 12627 SAN JOSE BLVD 302 JACKSONVILLE, FL 32223
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2. Principal Place of Business 6817 Southpoint Parkway Suite, Apt. #, etc. 1804	3. Mailing Address P.O. Box 600652 Suite, Apt. #, etc.
City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32216	Country USA
Zip 32260	Country USA



04082005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1124771	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent	
HARPER, LEWIS W 12627 SAN JOSE BLVD 302 JACKSONVILLE, FL 32223	

7. Name and Address of New Registered Agent	
Name LEWIS W. HARPER	
Street Address (P.O. Box Number is Not Acceptable) 6817 Southpoint Parkway, STE 1804	
City Jacksonville	Zip Code FL 32216

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 *Lewis W. Harper*
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-9-05

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to:
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARPER, LEWIS W 233 CROOKED COURT JACKSONVILLE, FL 32259 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARPER, DEBRA S 233 CROOKED COURT JACKSONVILLE, FL 32259 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARPER, JARED A 233 CROOKED COURT JACKSONVILLE, FL 32259 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARPER, AARON M 233 CROOKED COURT JACKSONVILLE, FL 32259 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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 *Lewis W. Harper* **LEWIS W. HARPER MGR/MGR** **4-9-05** **904-886-9270**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #