

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000039554

**FILED**  
**Apr 21, 2008**  
**Secretary of State**

**Entity Name:** UNION CAPITAL TITLE & ABSTRACT, L.C.

**Current Principal Place of Business:**

5411 N. UNIVERSITY DRIVE  
SUITE: 201  
CORAL SPRINGS, FL 33067

**New Principal Place of Business:**

517 SOUTHWEST 1ST AVENUE  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

5411 N. UNIVERSITY DRIVE  
SUITE: 201  
CORAL SPRINGS, FL 33067

**New Mailing Address:**

517 SOUTHWEST 1ST AVENUE  
FORT LAUDERDALE, FL 33301

FEI Number: 56-2452554

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RUMORE, C. ANTHONY  
5411 N. UNIVERSITY DRIVE  
SUITE: 201  
CORAL SPRINGS, FL 33067 US

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

RUMORE, C. ANTHONY  
517 SOUTHWEST 1ST AVENUE  
FORT LAUDERDALE, FL 33301 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: \_\_\_\_\_

04/21/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: C. ANTHONY, RUMORE  
Address: 5411 N. UNIVERSITY DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33067

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: C. ANTHONY, RUMORE  
Address: 517 SOUTHWEST 1ST AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33301

I hereby certify that the information supplied with this filing does not qualify 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: C. ANTHONY RUMORE

MGR

04/21/2008

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