

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000049316

1. Entity Name  
ADVANTAGE TITLE OF THE TREASURE COAST, L.L.C.



Principal Place of Business

48 SE OSCEOLA ST  
STUART, FL 34994

Mailing Address

48 SE OSCEOLA ST  
STUART, FL 34994

**DO NOT WRITE IN THIS SPACE**



03132007No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
20-1370081

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MURPHY, JOSEPH A III  
516 S.W. CAMDEN AVENUE  
STUART, FL 34994

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

3/13/07

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MURPHY, JOSEPH A III
STREET ADDRESS	4231 SW MALLARD CREEK TRAIL
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	MGRM
NAME	FAIRLEY, TERI
STREET ADDRESS	1144 SW IRVING STREET
CITY-ST-ZIP	PORT ST. LUCIE, FL 34983
TITLE	MGRM
NAME	ANDERSON, WILLIAM D JR
STREET ADDRESS	1710 SW CRANE CREEK AVENUE
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000667609

03/26/07-80035-009 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

3/13/07

Date

(772)

287-7400

Daytime Phone #