

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000051232

FILED
Jun 13, 2006
Secretary of State

Entity Name: EAGLES TRUST TITLE SERVICES, LLC

Current Principal Place of Business:

2431 ALOMA AVENUE
264
WINTER PARK, FL 32792

New Principal Place of Business:

5448 HOFFNER ROAD
103
ORLANDO, FL 32812

Current Mailing Address:

2431 ALOMA AVENUE
264
WINTER PARK, FL 32792

New Mailing Address:

5448 HOFFNER ROAD
103
ORLANDO, FL 32812

FEI Number: 13-4283822 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GRETCHEN, SPRINGHOFF
8710 CLAIBORNE CT
ORLANDO, FL 32825 US

Name and Address of New Registered Agent:

GRETCHEN, SPRINGHOFF
509 S. CHICKASAW TRAIL
263
ORLANDO, FL 32825 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: GRETCHEN SPRINGHOFF

06/13/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SPRINGHOFF, GRETCHEN
Address: 425 S. CHICKASAW TRAIL APT. 263
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SPRINGHOFF, GRETCHEN
Address: 509 S. CHICKASAW TRAIL APT. 263
City-St-Zip: ORLANDO, FL 32825

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: GRETCHEN SPRINGHOFF

MM

06/13/2006

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