2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# L04000054433

Entity Name: OXFORD TITLE COMPANY, L.L.C.

Current Principal Place of Business:

1102 E. MOODY BLVD.
BUNNELL, FL 32110

New Principal Place of Business:

Current Mailing Address:

PO BOX 819
BUNNELL, FL 32110

New Mailing Address:

FEI Number: 20-1407945 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOWELL, SIDNEY M ESQ
1102 E. MOODY BLVD.
BUNNELL, FL 32110 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title:	MGR	( ) Delete
Name:	NOWELL, SIDNEY M	
Address:	1102 E. MOODY BLVD.	
City-St-Zip:	BUNNELL, FL 32110	
Title:	MGR	( ) Delete
Name:	HERON, HERBERT	
Address:	195 WELLINGTON DRIVE	
City-St-Zip:	PALM COAST, FL 32164	
Title:	MGR	( ) Delete
Name:	RICHARDSON, NOEL	
Address:	195 WELLINGTON DRIVE	
City-St-Zip:	PALM COAST, FL 32164	
Title:	MGR	( ) Delete
Name:	QUINN, OLIVER	
Address:	201 PEMBERTON AVENUE	
City-St-Zip:	PLAINFIELD, NJ 070602853	
Title:	MGRM	( ) Delete
Name:	QUINN, MARK	
Address:	34 VANDOREN AVENUE	
City-St-Zip:	SOMERSET, NJ 088732734	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 Section 119.07(3)(i), 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: NOEL RICHARDSON MNG 04/29/2005

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