## FILED Apr 14, 2008 8:00 am Secretary of State

Daytime Phone #

2008	ANNUAL REPORT	4 T
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DOCUMENT # L0400056877  1. Entity Name LEE ISLAND TITLE, LLC							04-14-2008 90225 037 ***138.75				
Principal Place of Business 703 CAPE CORAL PARKWAY WEST SUITE 202 CAPE CORAL, FL 33914		Mailing Address 703 CAPE CORAL PARKWAY WEST SUITE 202 CAPE CORAL, FL 33914									
2. Principal Place of Business - No P.O. Box # 2323 DEL PRADO BLVD		3. Mailing Address 232 DEL PRADO BLVD									
Suite, Apt. #, etc. SUITE 9			Suite, Apt. #, etc. SUITE 9				02212008	Chg-LLC	CR2E	083 (12/06)	
City & State CAPE CORAL, FL		City & State CAPE CORAL, FL				4. FEI Numl 06-17			-	oplied For ot Applicable	
<sup>Zip</sup> 33990			<sup>Zip</sup> 33990	Country LEE			5. Certificat	e of Status Desired		\$5.00 Add Fee Require	
6. Name and Address of Current Re			egistered Agent				7. Name and Address of New Registered Agent				
HICKMAN, HAROLD STEWART TITLE GUARANTY COMPANY 3401 W CYPRESS ST						dress (P	(P.O. Box Number is Not Acceptable)				
TAMPA, FL 33607					City	City			FL	Zip Code	e l
8. The above	named entity st	ubmits this statement for	the purpose of changing its	register	 ed office or r	registere	d agent, or b	oth, in the State of		_	and accept
SIGNATURE .		winted name of registered agent an	of title if conscepte (NOTI	E: Docustoro	d Agent signature	o roquired			DATE		
	NOW!!! FE	E IS \$138.75 e will be \$538.75	· ·				To T		ake check į	payable to nent of State	e
9.	1	MANAGING MEMBER		10.				ADDITION	S/CHANGES		
NAME STREET ADDRESS CITY-ST-ZIP	703 CAPE C	CORAL, INC. CORAL PARKWAY WE AL, FL 33914	□ Delete EST		1	232	5 CAPE 3 DEL F	CORAL, IN	BLVD,	STE 9	Addition
TITLE NAME STREET ADDRESS		TH TERRACE	. □ Delete		ET ADDRESS	GAP	E-CORAL	<del>. FL 33990</del>		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	CAPE CORA	AL, FL 33914	☐ Delete	TOTAL	ſ					☐ Change	Addition
CITY-ST-ZIP		<u> </u>	. Delete		-ST-ZIP			· ·		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP				NAM STRE							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		• •	☐ Delete							Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					· · · · · ·		☐ Change	Addition .
indicated limited lia	on this report is bility company of	s true and accurate and ti	his filing does not qualify for nat my signature shall have empowered to execute this	the same report as	e legal effect s required by	t as if ma y Chapte	ade under oa	th; that I am a mar a Statutes.	aging memb	er or manage	ormation er of the