

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000057125

Entity Name: EMERALD SEAS TITLE, LLC

FILED  
Jun 28, 2005  
Secretary of State

**Current Principal Place of Business:**

126 EAST COLONIAL DRIVE  
ORLANDO, FL 32801 US

**New Principal Place of Business:**

**Current Mailing Address:**

126 EAST COLONIAL DRIVE  
ORLANDO, FL 32801 US

**New Mailing Address:**

FEI Number: 03-0547004      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:**

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

CALZADA, RICARDO II  
809 IRMA AVENUE  
SUITE 1  
ORLANDO, FL 32803 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CALZADA, RICARDO II  
Address: 809 IRMA AVENUE, SUITE 1  
City-St-Zip: ORLANDO, FL 32803 US

Title: MGRM ( ) Delete  
Name: HAMNER, KENNETH  
Address: 809 IRMA AVENUE, SUITE 1  
City-St-Zip: ORLANDO, FL 32803 US

**ADDITIONS/CHANGES:**

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: RICARDO CALZADA, II

MGRM

06/28/2005

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