2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 27, 2007
Secretary of State

DOCUMENT# L04000059490

Entity Name: HEIGHTS TITLE ASSOCIATES, LLC

Current Principal Place of Business:

1231 CAPE CORAL PARKWAY, SUITE #8A
CAPE CORAL, FL 33904

New Principal Place of Business:

1314 CAPE CORAL PARKWAY, SUITE 320
CAPE CORAL, FL 33904

Current Mailing Address:

1231 CAPE CORAL PARKWAY, SUITE #8A
CAPE CORAL, FL 33904

New Mailing Address:

1314 CAPE CORAL PARKWAY, SUITE 320
CAPE CORAL, FL 33904

FEI Number: 20-1484547 **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:

DENTI, KEVIN A ESQ.
C/O CHEFFY, PASSIDOMO, ET AL
821 FIFTH AVENUE SOUTH, SUITE #201
NAPLES, FL 34102 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/MANAGERS:

Title: MGR ( ) Delete
Name: HAGENBUCKLE, WALTER S
Address: 1231 CAPE CORAL PARKWAY, SUITE #8A
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: HAGENBUCKLE, WALTER S
Address: 1314 CAPE CORAL PARKWAY, SUITE 320
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify 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: WALTER S. HAGENBUCKLE MGR 05/27/2007

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