2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 15, 2009
Secretary of State

DOCUMENT# L04000059490

Entity Name: HEIGHTS TITLE ASSOCIATES, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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:

DENTI, KEVIN A ESQ.
ORION BANK CENTRE
2180 IMMOKALEE ROAD STE. 316
NAPLES, FL 34110 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: _____ 06/15/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 06/15/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date