

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000063678**

1. Entity Name

**TITLE AFFILIATES OF CAPE CORAL-LEHIGH, L.L.C.**



Principal Place of Business

**4900 CREEKSIDE DRIVE, SUITE F  
CLEARWATER, FL 33760**

Mailing Address

**ATTN: LEGAL DEPARTMENT  
101 GATEWAY CENTRE PARKWAY  
RICHMOND, VA 23235**



04272006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1574825**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KIRTLEY, WILLIAM T  
1776 RINGLING BLVD.  
SARASOTA, FL 34236**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	USA TITLE AFFILIATES, INC.
STREET ADDRESS	101 GATEWAY CENTRE PARKWAY
CITY- ST- ZIP	RICHMOND, VA 23235

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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CITY- ST- ZIP	

U00000549657  
05/13/06-80032-001 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

*Step 47. Vaughan Haze M. Vaughan*

*4-28-06*

*804 267-8657*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #