

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068796

FILED  
Apr 29, 2006  
Secretary of State

**Entity Name:** HOMEGUARD TITLE & TRUST OF ORANGE PARK GP, LLC

**Current Principal Place of Business:**

ONE INDEPENDENT DRIVE  
SUITE 1200  
JACKSONVILLE, FL 32202 US

**New Principal Place of Business:**

**Current Mailing Address:**

9838 OLD BAYMEADOWS RD.  
PMB 331  
JACKSONVILLE, FL 32256 US

**New Mailing Address:**

**FEI Number:** 20-1658882

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

INTREPID REGISTERED AGENT SERVICES, LLC  
ONE INDEPENDENT DRIVE  
SUITE 1200  
JACKSONVILLE, FL 32202 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: MCAFEE, MATTHEW S  
Address: ONE INDEPENDENT DRIVE, SUITE 1200  
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: MGR ( ) Delete  
Name: DRIVER, JR., G. RAY  
Address: ONE INDEPENDENT DRIVE, SUITE 1200  
City-St-Zip: JACKSONVILLE, FL 32202 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 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: MATTHEW S. MCAFEE

MGR

04/29/2006

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