2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jul 03, 2007
Secretary of State

DOCUMENT# L04000074290

Entity Name: EAGLE TITLE, A LIMITED LIABILITY COMPANY

Current Principal Place of Business:

301 N. US HWY. 27
SUITE A
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 121765
CLERMONT, FL 34712

New Mailing Address:

FEI Number: 20-1747276 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HENDERSON, SHARON J
3024 CARTER JONES ROAD
GROVELAND, FL 34736 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: HENDERSON, SHARON J
Address: 3024 CARTER JONES ROAD
City-St-Zip: GROVELAND, FL 34736

Title: MGRM ( ) Delete
Name: HENDERSON, SHELLY D
Address: 3024 CARTER JONES ROAD
City-St-Zip: GROVELAND, FL 34736

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM ( ) Change (X) Addition
Name: BOWEN, PAUL E JR.
Address: 3036 CARTER JONES ROAD
City-St-Zip: GROVELAND, FL 34736

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: SHARON J. HENDERSON MGMB 07/03/2007

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