2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005
Secretary of State

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Entity Name: TITLE PROFESSIONALS OF CENTRAL FLORIDA LLC

Current Principal Place of Business:

13241 UNIVERSITY DRIVE
103
FT MYERS, FL 33907

New Principal Place of Business:

1700 MCMULLEN BOOTH ROAD
UNIT A-7
CLEARWATER, FL 33759

Current Mailing Address:

% POLICHNOWSKI CPA
P.O. BOX 710012
OAKHILL, VA 20171 00

New Mailing Address:

13241 UNIVERSITY DRIVE
103
FORT MYERS, FL 33907

FEI Number: 20-1841499 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LANAUX, DAVID D
13241 UNIVERSITY DRIVE
#103
FT MYERS, FL 33907 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/MEMBERS:

Title: MGRM ( ) Delete
Name: LANAUX, DAVID D
Address: 13241 UNIVERSITY DRIVE # 103
City-St-Zip: FT MYERS, FL 33907

Title: MGRM ( ) Delete
Name: LANAUX, BARBARA
Address: 13241 UNIVERSITY DRIVE # 103
City-St-Zip: FT MYERS, FL 33907

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 Section 119.07(3)(i), 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: DAVID D. LANAUX MR 04/04/2005

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