2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000081416

Entity Name: CHASE TITLE INSURANCE, LLC

FILED Apr 26, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

588 CALEDONIA PLACE 142 W. LAKEVIEW AVENUE SANFORD, FL 32771

SUITE 2000

LAKE MARY, FL 32746

Current Mailing Address: New Mailing Address:

142 W. LAKEVIEW AVENUE 588 CALEDONIA PLACE SUITE 2000 SANFORD, FL 32771

LAKE MARY, FL 32746

FEI Number: 30-0282098 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

FRAZIER, JAMES A FRAZIER, JAMES A 588 CALÉDONIA PLACE 142 W. LÁKEVIEW AVE. SANFORD, FL 32771 SUITE 2000

LAKE MARY, FL 32746 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: JAMES A. FRAZIER, JR. 04/26/2005

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change () Addition FRAZIER, JAMES A JR. Name: Name: FRAZIER, JAMES A JR.

Address: 588 CALEDONIA PLACE Address: 142 W. LAKEVIEW AVENUE City-St-Zip: SANFORD, FL 32771 City-St-Zip: LAKE MARY, FL 32746

() Change (X) Addition Title: () Delete Title: MGR Name: Name: MILLER, JOHN M

Address: Address: 142 W. LAKEVIEW AVENUE City-St-Zip: City-St-Zip: LAKE MARY, FL 32746

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.

MGRM SIGNATURE: JAMES A. FRAZIER, JR. 04/26/2005