

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083310

FILED  
Apr 17, 2006  
Secretary of State

**Entity Name:** MIDWEST TITLE GUARANTEE COMPANY OF FLORIDA, LLC

**Current Principal Place of Business:**

3401 WEST CYPRESS  
SUITE 202  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

3936 TAMIAMI TRAIL NORTH  
SUITE A  
NAPLES, FL 34103

**New Mailing Address:**

**FEI Number:** 20-1897055

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLASS, KURT  
3401 WEST CYPRESS, SUITE 202  
TAMPA, FL 33607 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: HICKMAN, HAROLD  
Address: 3401 WEST CYPRESS, SUITE 202  
City-St-Zip: TAMPA, FL 33607

Title: MGR ( ) Delete  
Name: WOHLBRANDT, CHRIS  
Address: 3936 TAMIAMI TRAIL NORTH, SUITE A  
City-St-Zip: NAPLES, FL 34103

Title: MGR ( ) Delete  
Name: HUFF, BETTY A  
Address: 3936 TAMIAMI TRAIL NORTH, SUITE A  
City-St-Zip: NAPLES, FL 34103

Title: MGR ( ) Delete  
Name: VOGEL, JAMES D  
Address: 3936 TAMIAMI TRAIL NORTH, SUITE A  
City-St-Zip: NAPLES, FL 34103

Title: MGR ( ) Delete  
Name: BLASS, KURT  
Address: 3401 WEST CYPRESS, SUITE 202  
City-St-Zip: TAMPA, FL 33607

Title: MGR ( ) Delete  
Name: DEQUESADA, ELIZABETH  
Address: 3401 WEST CYPRESS, SUITE 202  
City-St-Zip: TAMPA, FL 33607

**ADDITIONS/CHANGES:**

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

Title: MGRP (X) Change ( ) Addition  
Name: WOHLBRANDT, CHRIS  
Address: 3936 TAMIAMI TRAIL NORTH, SUITE A  
City-St-Zip: NAPLES, FL 34103

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

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

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: C. WOHLBRANDT

P

04/17/2006

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