# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 08, 2007**
**Secretary of State**

DOCUMENT# L04000083310

**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: | MGRP | ( ) 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: | ( ) 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: | |
| 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: CHRIS WOHLBRANDT P 02/08/2007

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