2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Oct 17, 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	(X) 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 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 MGRP 10/17/2007

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