2006 LIMITED LIABILITY COMPANY

May 08, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L04000087244** 05-08-2006 90037 050 ****50.00 USA TITLE AFFILIATES OF FLORIDA, L.L.C. 40088601 Principal Place of Business Mailing Address 4900 CREEKSIDE DRIVE, SUITE F 4900 CREEKSIDE DRIVE, SUITE F CLEARWATER, FL 33760 CLEARWATER, FL 33760 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04292006 Chg-LLC CR2E083 (11/05) City & State City & State Applied For 4 EEI Number 20-1958057 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KIRTLEY, WILLAIM T Street Address (P.O. Box Number is Not Acceptable) 1776 RINGLING BLVD. SARASOTA, FL 34236 Zip Code City 8. 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. I am familiar with, and accept the obligations of registered agent. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee Is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. Addition MGRM Change TITLE Marm Marm TITLE Delete NAME REDELL PAULM NAME 101 GATEWAY CENTRE PARKWAY, GATEWAY ONE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP RICHMOND, VA 23235 CITY-ST-ZIP Change ☐ Addition MGR **Delete** TITLE TITLE KING ANNA M NAME NAME 101 GATEWAY CENTRE PARKWAY, GATEWAY ONE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RICHMOND, VA 23235 ☐ Change Addition MGRM TITLE TITLE Delete OBZUD, JOHN M NAME NAME STREET ADDRESS 20 N ORANGE AVE, STE 500 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32801 ☐ Change ☐ Addition TITLE TITLE MGR Delete VAUGHAN, HOPE M NAME NAME STREET ADDRESS 101 GATEWAY CENTRE PARKWAY, GATEWAY ONE STREET ADDRESS CITY-ST-ZIF RICHMOND, VA 23235 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE

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11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 eceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

STREET ADDRESS

CITY-ST-7/P

NAME

STREET ADDRESS

CITY-ST-ZIP

TYPED OR PRINTED NAME OF SUNING MANAGUNG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE *አ*ረሳ ደራን <mark>ጀ</mark>ውና SIGNATURE