2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 26, 2006 08:00 AN Secretary of State

DOCUMENT # L04000088540 1. Entity Name FLORIDA AFFORDABLE TITLE SERVICES, LLC				Secretary of State		
Principal Place	ce of Business	Mailing Address				
	VENUE SOUTH BURG, FL 33711	4614 5TH AVENUE SOUTH ST. PETERSBURG, FL 33711				
*****				01222006 No Chg-LLC	CR2E083 (11/05)	
DO NOT WRITE IN THIS SPA			JE	4. FEI Number 20-2013275	Applied For Not Applicable	
				5. Certificate of Status Desired	\$5.00 Additional Fee Required	
	6. Name and Address of Cur	rent Registered Agent				
ROBBINS, MICHAEL H SHUMAKER, LOOP & KENDRICK, LLP 101 EAST KENNEDY BLVD. SUITE 2800 TAMPA, FL 33602				DO NOT W IN THIS SP		
	named entity submits this statemetions of registered agent.	ent for the purpose of changing its register	ed office or register	red agent, or both, in the State of Flo	orida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered	agent and title if applicable. OVOTE, Registers	d Agent signature required	d when reinstaling)	DATE	
Fi	iling Fee is \$50.00 ue by May 1, 2006			<u> </u>	·	
9.	MANAGING ME	MBERS/MANAGERS	<u> </u>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEWART TITLE OF PINEL 4600 5TH AVENUE SOUTH ST. PETERSBURG, FL 337	•			0534066 80148-011 50.00	
TITLE						

DO NOT WRITE IN THIS SPACE

11.	I hereby certify that the information supplied with this filing 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 stocature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver or trustee employed to execute this report as required by Chapter 608, Florida Statutes.
	limited liability company or the receiver or trusted empty ed to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KEN'N M. HALLER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE MEMBER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS
CITY-ST-ZIP
TITLE

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

CITY-\$T-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE

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