

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90343 021 \*\*\*\*50.00

<b>DOCUMENT # L04000088540</b>	
1. Entity Name <b>FLORIDA AFFORDABLE TITLE SERVICES, LLC</b>	

Principal Place of Business <b>4614 5TH AVENUE SOUTH ST. PETERSBURG, FL 33711</b>	Mailing Address <b>4614 5TH AVENUE SOUTH ST. PETERSBURG, FL 33711</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State  Zip Country	City & State  Zip Country

40097880

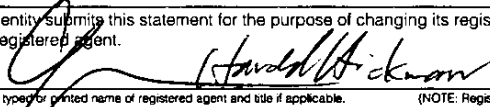


04302007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-2013275</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>ROBBINS, MICHAEL H SHUMAKER, LOOP &amp; KENDRICK, LLP 101 EAST KENNEDY BLVD. SUITE 2800 TAMPA, FL 33602</b>	
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7. Name and Address of New Registered Agent  Name <b>Harold Hickman</b> Street Address (P.O. Box Number is Not Acceptable) <b>3401 W Cypress St</b>  City <b>Tampa</b> FL Zip Code <b>33607</b>	
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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.	
SIGNATURE 	DATE <b>4/30/07</b>

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEWART TITLE OF PINELLAS, INC. 4600 5TH AVENUE SOUTH ST. PETERSBURG, FL 33711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:** Please see attached

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

ATTACHMENT

<b>EPDVNFOW \$ L04000088540</b> <small>2/ Entity Name</small> <b>FLORIDA AFFORDABLE TITLE SERVICES, LLC</b>					
<b>Principal Place of Business</b> <b>572516U !B/PO/PTPUJ</b> <b>TU!QFUSTOSH!Q144822</b>			<b>Mailing Address</b> <b>572516U !B/PO/PTPUJ</b> <b>TU!QFUSTOSH!Q144822</b>		
<b>3/ Principal Place of Business - No P.O. Box #</b>  			<b>4/ Mailing Address</b>  		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		5/ FEI Number <b>20-2013275</b>	
6/ Certificate of Status Desired <input type="checkbox"/>				7/11 Beejupobm G f ! S f r v j e	
7/ Obn f !boe!Bees t t !pgDvss ouSt hjt d f e!Bhf ou				8/ Obn f !boe!Bees t t !pgOf x !St hjt d f e!Bhf ou	
<b>ROBBINS, MICHAEL H</b> <b>SHUMAKER, LOOP &amp; KENDRICK, LLP</b> <b>101 EAST KENNEDY BLVD. SUITE 2800</b> <b>TAMPA, FL 33602</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				GM Zip Code	
9/ 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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>1/ MANAGING MEMBERS/MANAGERS</b>				<b>21/ ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEWART TITLE OF PINELLAS, INC. 4600 5TH AVENUE SOUTH ST. PETERSBURG, FL 33711			<input type="checkbox"/> Delete	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
22/ 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 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.					
<b>T.HOBUSF</b>					
Kevin Hussey 4/30/07 727-327-5775					