2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State
01-20-2006 90047 012 ****50.00

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1. Entity Name
ASSURE TITLE, LLC

Principal Place of Business	Mailing Address
178 BAYSIDE DRIVE CLEARWATER BEACH, FL 33767	178 BAYSIDE DRIVE CLEARWATER BEACH, FL 33767

01142006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
3993 Arlington Drive	3993 Arlington Drive
Suite, Apt. #, etc: Palm Harbor	Suite, Apt. #, etc: Palm Harbor
City & State: FL	City & State: FL
Zip: 34685 Country:	Zip: 34685 Country:

4. FEI Number: 20-2006456 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BAKER, GARY 178 BAYSIDE DRIVE CLEARWATER BEACH, FL 33767	Name: Baker, Gary H Street Address (P.O. Box Number is Not Acceptable): 3993 Arlington Drive City: Palm Harbor FL Zip Code: 34685

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 [signature] Gary H. Baker 1-13-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAKER, GARY H 178 BAYSIDE DRIVE CLEARWATER BEACH, FL 33767	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Baker, Gary H 3993 Arlington Dr. Palm Harbor, FL 34685	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAMSON, FREDERIC 4294 14TH LANE NE ST. PETERSBURG, FL 33703	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] Gary H. Baker, Managing Director 1-13-06 727-642-8946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #