

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000094397

FILED
May 03, 2005
Secretary of State

Entity Name: FREEDOM TITLE, LC

Current Principal Place of Business:

3030 N ROCKY POINT DR SUITE 230
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

3030 N ROCKY POINT DR SUITE 230
TAMPA, FL 33607

New Mailing Address:

FEI Number: 90-0080733 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

UCC FILING & SEARCH SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

RON BARKSDALE
1913 STANCEL DRIVE
CLEARWATER, FL 33764 US

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: RON BARKSDALE

05/03/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: OVERSTREET, KEVIN J
Address: 12312 OLIVE STREET BLVD., STE 100
City-St-Zip: ST. LOUIS, MO 63141

Title: MGR () Delete
Name: WOJJECK, MICHAEL D
Address: 12312 OLIVE STREET BLVD., STE 100
City-St-Zip: ST. LOUIS, MO 63141

ADDITIONS/CHANGES:

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 for the exemption stated in Section 119.07(3)(i), 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: RON BARKSDALE

EVP

05/03/2005

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