2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2006
Secretary of State

DOCUMENT# L05000014879

Entity Name: TITLE INSURANCE OF THE NATURE COAST, LLC

Current Principal Place of Business:

7419 U.S. HIGHWAY 19
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

13175 SPRING HILL DRIVE
SPRING HILL, FL 34609

Current Mailing Address:

7419 U.S. HIGHWAY 19
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 20-2383362 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARTER, DAVID R
7419 U.S. HIGHWAY 19
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: CARTER, DAVID R
Address: 7419 U.S. HIGHWAY 19
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DAVID R. CARTER MGRM 04/12/2006

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