

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90036 005 \*\*\*\*55.00

|   |                                 |   |  |  |  |
|---|---------------------------------|---|--|--|--|
| <b>DOCUMENT # L05000021955</b>  |                                 |   |  |  |  |
| <b>1. Entity Name</b><br>FLORIDA SUN TITLE, L.L.C.  |                                 |   |  |  |  |
| <b>Principal Place of Business</b><br>2609 SW 38TH STREET<br>CAPE CORAL, FL 33914   |                                 |   | <b>Mailing Address</b><br>2609 SW 38TH STREET<br>CAPE CORAL, FL 33914  |  |  |
| <b>2. Principal Place of Business</b><br>1490 NE Pine Island Rd<br>Suite, Apt. #, etc.<br>Unit 4A<br>City & State<br>Cape Coral, FL<br>Zip<br>33909   |                                 | <b>3. Mailing Address</b><br>1490 NE Pine Island Rd<br>Suite, Apt. #, etc.<br>Unit 4A<br>City & State<br>Cape Coral, FL<br>Zip<br>33909 |  |  |  |
| Country<br>Lee  |                                 | Country<br>Lee  |  | 01052006    Chg-LLC    CR2E083 (11/05)                                       |  |
| <b>4. FEI Number</b><br>20-2437327  |                                 |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |  |
| <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>   |                                 |   | <b>\$5.00 Additional Fee Required</b>  |  |  |
| <b>6. Name and Address of Current Registered Agent</b><br>BURT, MARGARET G<br>413 WILLARD AVENUE<br>LEHIGH ACRES, FL 33936  |                                 |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL    Zip Code |  |  |
| <b>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.</b>  |                                 |   |  |  |  |
| SIGNATURE <u>Margaret G Burt</u><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |                                 | Margaret G. Burt, MGRM  |  | 1/6/2006<br><small>DATE</small>  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>   |                                 | <b>Make check payable to<br/>Florida Department of State</b>  |  |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |                                 |   | <b>10. ADDITIONS/CHANGES</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| Margaret G. Burt<br>413 Willard Avenue<br>Lehigh Acres, FL 33936  |                                 |   | MGRM<br>Margaret G. Burt<br>413 Willard Avenue<br>Lehigh Acres, FL 33936   |  |  |
| Margaret G. Burt<br>413 Willard Avenue<br>Lehigh Acres, FL 33936  |                                 |   | MGR<br>JoAnn Lauro<br>2609 SW 38th Street<br>Cape Coral, FL 33914  |  |  |
| Margaret G. Burt<br>413 Willard Avenue<br>Lehigh Acres, FL 33936  |                                 |   | MGR<br>Barbara A. Wroten<br>144 SE 8th Street<br>Cape Coral, FL 33990  |  |  |
| Margaret G. Burt<br>413 Willard Avenue<br>Lehigh Acres, FL 33936  |                                 |   | MGR<br>Renee L. Smey<br>2117 NW 42nd Place<br>Cape Coral, FL 33993   |  |  |
| Margaret G. Burt<br>413 Willard Avenue<br>Lehigh Acres, FL 33936  |                                 |   | Margaret G. Burt<br>413 Willard Avenue<br>Lehigh Acres, FL 33936   |  |  |
| Margaret G. Burt<br>413 Willard Avenue<br>Lehigh Acres, FL 33936  |                                 |   | Margaret G. Burt<br>413 Willard Avenue<br>Lehigh Acres, FL 33936   |  |  |
| <b>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.</b> |                                 |   |  |  |  |
| <b>SIGNATURE:</b> <u>Margaret G Burt</u>  |                                 | Margaret G. Burt, MGRM  |  | 1/6/2006    239-887-2116   |  |
| <small>SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |                                 | <small>Date</small>   |  | <small>Daytime Phone #</small>   |  |