


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

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