

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000023978

FILED
Jan 10, 2006
Secretary of State

Entity Name: ACCURATE TITLE INSURANCE, LLC

Current Principal Place of Business:

1730 SW CRANE CREEK AVENUE
PALM CITY, FL 34990

New Principal Place of Business:

2200 WINDING CREEK LANE
FORT PIERCE, FL 34981

Current Mailing Address:

P.O. BOX 2612
PALM CITY, FL 34991

New Mailing Address:

2200 WINDING CREEK LANE
FORT PIERCE, FL 34991

FEI Number: 20-2463018

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODGERS, MARK ESQ.
1730 SW CRANE CREEK AVENUE
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

HAAS, DEBORAH D
2200 WINDING CREEK LANE
FORT PIERCE, FL 34981 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: DEBORAH D. HAAS

01/10/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HAAS, DEBORAH D
Address: 2955 SW VARSITY LANE
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: MGR () Delete
Name: RODGERS, MARK
Address: 1730 SW CRANE CREEK AVENUE
City-St-Zip: PALM CITY, FL 34990

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 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: DEBORAH D. HAAS

MGR

01/10/2006

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