

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90377 008 ****50.00

DOCUMENT # L05000058560

1. Entity Name
FIRST HOME TITLE, LLC



Principal Place of Business
1614 COLONIAL BLVD.
FORT MYERS, FL 33907

Mailing Address
1614 COLONIAL BLVD.
FORT MYERS, FL 33907

60039150



04112007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2988808

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEONARD, MIHCAEL W
1614 COLONIAL BLVD.
FORT MYERS, FL 33907

**DO NOT WRITE
IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LEONARD, MICHAEL W
STREET ADDRESS	1614 COLONIAL BLVD.
CITY-ST-ZIP	FORT MYERS, FL 33907
TITLE	MGR
NAME	FINK, MICHAEL G
STREET ADDRESS	2030 MCGREGOR BLVD. 1614 Colonial Blvd.
CITY-ST-ZIP	FORT MYERS, FL 33901 Ft. Myers, FL 33907
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-18-07

239-476-8899