

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000058907

FILED
Apr 16, 2009
Secretary of State

Entity Name: THOROUGHbred TITLE WEST, LLC

Current Principal Place of Business:

C/O 995 N. SR 434
SUITE 210
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

2170 W. SR 434
SUITE 388
LONGWOOD, FL 32779

Current Mailing Address:

C/O 995 N. SR 434
SUITE 210
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

2170 W. SR 434
SUITE 388
LONGWOOD, FL 32779

FEI Number: 20-2991607

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOWARDS, JOANIE R
C/O 995 N. SR 434
SUITE 210
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

SOWARDS, JOANIE R
C/O 2170 W. SR 434
SUITE 388
LONGWOOD, FL 32779 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:

04/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SOWARDS, JOANIE R
Address: C/O 995 N. SR 434 SUITE 210
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SOWARDS, JOANIE R
Address: C/O 2170 W. SR 434, SUITE 388
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify 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: JOANIE R. SOWARDS

MGRM

04/16/2009

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