

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000063737

FILED  
Feb 01, 2008  
Secretary of State

Entity Name: BEACHES TITLE SERVICES, LLC

## Current Principal Place of Business:

484 JACKSONVILLE DRIVE  
JACKSONVILLE BEACH, FL 32250 US

## New Principal Place of Business:

11512 LAKE MEAD AVE, SUITE 303  
JACKSONVILLE, FL 32256 US

## Current Mailing Address:

484 JACKSONVILLE DRIVE  
JACKSONVILLE BEACH, FL 32250 US

## New Mailing Address:

11512 LAKE MEAD AVE, SUITE 303  
JACKSONVILLE, FL 32256 US

FEI Number: 20-3062350

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOND, CHARLES G  
484 JACKSONVILLE DRIVE  
JACKSONVILLE BEACH, FL 32250 US

## Name and Address of New Registered Agent:

BOND, CHARLES G  
11512 LAKE MEAD AVE, SUITE 303  
JACKSONVILLE BEACH, FL 32250 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: CHARLES G. BOND

02/01/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: BOND, REVA J MGR  
Address: 484 JACKSONVILLE DR.  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: BOND, REVA J MGR  
Address: 11512 LAKE MEAD AVE, SUITE 303  
City-St-Zip: JACKSONVILLE, FL 32256

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: REVA BOND

MGR

02/01/2008

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