

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000067962

FILED
Sep 11, 2008
Secretary of State

Entity Name: RIVERLAND TITLE SERVICES, LLC

Current Principal Place of Business:

723 EAST WADE ST.
TRENTON, FL 32693

New Principal Place of Business:

Current Mailing Address:

723 EAST WADE ST.
TRENTON, FL 32693

New Mailing Address:

FEI Number: 20-3160883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VICKERS, JAMES W
3603 NORTH WEST 53RD TERRACE
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

WEAVER, DEVON B
2850 SW 58TH STREET
TRENTON, FL 32693 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: DEVON B. WEAVER

09/11/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WEAVER, DEVON
Address: 5590 SOUTHWEST COUNTY ROAD 307
City-St-Zip: TRENTON, FL 32693

Title: MGRM () Delete
Name: VICKERS, JAMES W
Address: 3603 NORTHWEST 53RD TERRACE
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WEAVER, DEVON
Address: 2850 SW 58TH STREET
City-St-Zip: TRENTON, FL 32693

Title: MGRM (X) Change () Addition
Name: VICKERS, JAMES E JR.
Address: 6969 SE 30TH STREET
City-St-Zip: TRENTON, FL 32693

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: DEVON B. WEAVER

MGRM

09/11/2008

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