

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000070896

FILED
Apr 30, 2007
Secretary of State

Entity Name: TRUSTCORP TITLE SERVICES, LLC

Current Principal Place of Business:

7652 ASHLEY PARK COURT, SUITE 306
ORLANDO, FL 32835

New Principal Place of Business:

7651-A ASHLEY PARK COURT, SUITE 403
ORLANDO, FL 32835

Current Mailing Address:

7652 ASHLEY PARK COURT, SUITE 306
ORLANDO, FL 32835

New Mailing Address:

7651-A ASHLEY PARK COURT, SUITE 403
ORLANDO, FL 32835

FEI Number: 20-3167328

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARD W. NORRIS, PA
7651-A ASHLEY PARK COURT,
SUITE 401
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NORRIS, RICHARD
Address: 7651-A ASHLEY PARK COURT SUITE 403
City-St-Zip: ORLANDO, FL 32835

Title: CFO () Delete
Name: PIERCE, LORNA J
Address: 7652 ASHLEY PARK COURT, SUITE 306
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFO (X) Change () Addition
Name: MARINO, ALEX
Address: 7651-A ASHLEY PARK COURT, SUITE 403
City-St-Zip: ORLANDO, FL 32835

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: RICHARD W. NORRIS

MGRM

04/30/2007

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