

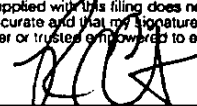


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-03-2006 90004 001 ****50.00

DOCUMENT # L05000072525 1. Entity Name COMMUNITY TITLE, LLC						
Principal Place of Business 13820 W NEWBERRY RD. STE. 300 JONESVILLE, FL 32669			Mailing Address 13820 W NEWBERRY RD. STE. 300 JONESVILLE, FL 32669			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
CURTIS, RYAN C 13820 W NEWBERRY RD. STE. 300 JONESVILLE, FL 32669				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  SIGNATURE <small>Signature typed or printed name of registered agent and title if applicable</small> </div> <div style="text-align: center;"> 2/20/06 DATE <small>(NOTE: Registered Agent signature required when renewing)</small> </div> </div>						
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CURTIS, RYAN C			NAME		
STREET ADDRESS	12104 NW 1ST LANE			STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32607			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
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. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> </div> <div style="text-align: center;"> 2/20/06 Date <small>Daytime Phone #</small> </div> </div>						



ATTACHMENT

30002874

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 6, 2006

COMMUNITY TITLE, LLC
13820 W NEWBERRY RD.
STE. 300
JONESVILLE, FL 32669

Subject: **COMMUNITY TITLE, LLC**

Reference Number: **L05000072525**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/RM

ANNUAL REPORTS SECTION