2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2007
Secretary of State

DOCUMENT# L05000076544

Entity Name: IN TOWN TITLE LLC

Current Principal Place of Business:

19153 CHERRY ROSE CIRCLE
LUTZ, FL 33558

New Principal Place of Business:

1024 E. SILVER SPRINGS BLVD
OCALA, FL 34470

Current Mailing Address:

19153 CHERRY ROSE CIRCLE
LUTZ, FL 33558

New Mailing Address:

6511 DARTMOUTH AVE N.
ST. PETERSBURG, FL 33710

FEI Number: 27-0128625 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARRISON, ML
19153 CHERRY ROSE CIRCLE
LUTZ, FL 33558 US

Name and Address of New Registered Agent:

HARRISON, MICKIE
6511 DARTMOUTH AVE N.
ST. PETERSBURG, FL 33710 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: MICKIE HARRISON 01/19/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HARRISON, ML
Address: 19153 CHERRY ROSE CIRCLE
City-St-Zip: LUTZ, FL 33558

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HARRISON, MICKIE
Address: 6511 DARTMOUTH AVE N.
City-St-Zip: ST. PETERSBURG, FL 33710

Title: MGR ( ) Change (X) Addition
Name: PRINCE, ADRIENNE
Address: 6511 DARTMOUTH AVE N
City-St-Zip: ST. PETERSBURG, FL 33710

I hereby certify that the information supplied with this filing does not qualify for the 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: MICKIE HARRISON MGRM 01/19/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date