

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000076637

FILED
Mar 27, 2008
Secretary of State

Entity Name: TOTAL HOME TITLE, L.L.C.

Current Principal Place of Business:

611 W AZEELE STREET
TAMPA, FL 33606

New Principal Place of Business:

1783 SOUHT KINGS AVE
BRANDON, FL 33511

Current Mailing Address:

611 W AZEELE STREET
TAMPA, FL 33606

New Mailing Address:

1783 SOUTH KINGS AVE
BRANDON, FL 33511

FEI Number: 59-3814041

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

H. STRATTON SMITH III, P.A.
611 W. AZEELE STREET
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

ROBERT VOLINI
1783 SOUTH KINGS AVE
BRANDON, FL 33511 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: ROBERT VOLINI

03/27/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: AMERICAN TITLE & ABS, TRACT CO.
Address: 611 W. AZEELE STREET
City-St-Zip: TAMPA, FL 33606

Title: MGR (X) Delete
Name: TOTAL HOME SOURCE, I, NC.
Address: 1783 S. KINGS AVENUE
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TOTAL HOME SOURCE,
Address: 1783 SOUTH KINGS AVE
City-St-Zip: BRANDON, FL 33511

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

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: ROBERT VOLINI

MGR

03/27/2008

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