

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000084999

Entity Name: MTH TITLE OF FLORIDA LLC

FILED
Jan 22, 2007
Secretary of State

Current Principal Place of Business:

4109 DEL PRADO BLVD.
CAPE CORAL, FL 33904

New Principal Place of Business:

11300 LINDBERGH BLVD.
SUITE 2
FORT MYERS, FL 33913

Current Mailing Address:

4109 DEL PRADO BLVD.
CAPE CORAL, FL 33904

New Mailing Address:

4049 DEL PRADO BLVD.
CAPE CORAL, FL 33904

FEI Number: 27-0103333

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLOOTWYK, NACOLE
4109 DEL PRADO BLVD.
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

KLOOTWYK, NACOLE
4049 DEL PRADO BLVD.
CAPE CORAL, FL 33904 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: NACOLE KLOOTWYK

01/22/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: EXECUTIVE TITLE INSU, RANCE SERVICES , INC.
Address: 4109 DEL PRADO BLVD.
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: EXECUTIVE TITLE INSU, RANCE SERVICES , INC.
Address: 4049 DEL PRADO BLVD.
City-St-Zip: CAPE CORAL, FL 33904

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: NACOLE KLOOTWYK

VP

01/22/2007

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