

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000094351

FILED
Jul 19, 2006
Secretary of State

Entity Name: TOTAL TRUST TITLE OF JACKSONVILLE, L.L.C.

Current Principal Place of Business:

1222 SHACKLETON ROAD
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

1222 SHACKLETON ROAD
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 11-3760101 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ANDERSON, VERONICA ESQ
654 PUTNAM AVENUE
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

HOLTON, BETSY ESQ
1222 SHACKLETON ROAD
JACKSONVILLE, FL 32211 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: BETSY HOLTON

07/19/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CURRY, KENNETH F
Address: 1222 SHACKLETON ROAD
City-St-Zip: JACKSONVILLE, FL 32211

Title: MGRM () Delete
Name: HARRIS, TANGELA P
Address: 1222 SHACKLETON ROAD
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES:

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

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

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: TANGELA POOLE-HARRIS

MGRM

07/19/2006

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