

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000111705

Entity Name: CAPITOL TITLE INSURANCE LLC

FILED  
Mar 17, 2006  
Secretary of State

## Current Principal Place of Business:

12943 ISLAMORADA DR  
ORLANDO, FL 32837

## New Principal Place of Business:

7575 DR.PHILLIPS BLVD  
SUITE # 140  
ORLANDO, FL 32819

## Current Mailing Address:

12943 ISLAMORADA DR  
ORLANDO, FL 32837

## New Mailing Address:

7575 DR. PHILLIPS BLV  
SUITE # 140  
ORLANDO, FL 32819

FEI Number: 83-0439885

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALZAMORA, DANTE  
12943 ISLAMORADA DR  
ORLANDO, FL 32837 US

## Name and Address of New Registered Agent:

ALZAMORA, DANTE  
7575 DR PHILLIPS BLVD  
SUIT #140  
ORLANDO, FL 32819 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:

03/17/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ALZAMORA, DANTE  
Address: 12943 ISLAMORADA DR  
City-St-Zip: ORLANDO, FL 32837

Title: MGRM ( ) Delete  
Name: ALVAREZ, NESTOR  
Address: 3252 HAWKS NEST DR.  
City-St-Zip: KISSIMEE, FL 34741

## 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: DANTE ALZAMORA

MGRM

03/17/2006

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