

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000111705

FILED
Jan 12, 2007
Secretary of State

Entity Name: CAPITOL TITLE INSURANCE LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of New Registered Agent:

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:

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

01/12/2007

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