

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2008 08:00 AM**  
**Secretary of State**

|   |                                 |                           |  |  |  |
|---|---------------------------------|---------------------------|--|--|--|
| <b>DOCUMENT # L06000012424</b>  |                                 |                           |  |  |  |
| <b>1. Entity Name</b><br>STEWART TITLE PANHANDLE, L.L.C.  |                                 |                           |  |  |  |
| <b>Principal Place of Business</b><br>155 CRYSTAL BEACH DR.<br>DESTIN, FL 32541 US  |                                 |                           | <b>Mailing Address</b><br>155 CRYSTAL BEACH DR.<br>DESTIN, FL 32541 US |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |                                 | <b>3. Mailing Address</b> |  |  |  |
| Suite, Apt. #, etc.   |                                 | Suite, Apt. #, etc.       |  |  |  |
| City & State  |                                 | City & State              |  | <b>4. FEI Number</b><br>10-4351870   |  |
| Zip   |                                 | Country                   |  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b>  |                                 |                           |  | <b>7. Name and Address of New Registered Agent</b>   |  |
| HICKMAN, HAROLD<br>3401 WEST CYPRESS<br>SUITE 202<br>TAMPA, FL 33607  |                                 |                           |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                                     |  |
| FL  |                                 |                           |  | Zip Code   |  |
| <b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>  |                                 |                           |  |  |  |
| <b>SIGNATURE:</b> _____ (NOTE: Registered Agent signature required when reinstating)  |                                 |                           |  |  |  |
| DATE: _____   |                                 |                           |  |  |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>   |                                 |                           |  |  |  |
| Make check payable to<br>Florida Department of State  |                                 |                           |  |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |                                 |                           |  |  |  |
| <b>TITLE</b><br>MGR<br><b>NAME</b><br>HICKMAN, HAROLD<br><b>STREET ADDRESS</b><br>3401 WEST CYPRESS, SUITE 202<br><b>CITY-ST-ZIP</b><br>TAMPA, FL 33607   | <input type="checkbox"/> Delete |                           |  |  |  |
| <b>TITLE</b><br>MGR<br><b>NAME</b><br>CASTLE, HARROLL<br><b>STREET ADDRESS</b><br>155 CRYSTAL BEACH DR.<br><b>CITY-ST-ZIP</b><br>DESTIN, FL 32541   | <input type="checkbox"/> Delete |                           |  |  |  |
| <b>TITLE</b><br>MGR<br><b>NAME</b><br>BLASS, KURT<br><b>STREET ADDRESS</b><br>3401 W. CYPRESS<br><b>CITY-ST-ZIP</b><br>TAMPA, FL 33607  | <input type="checkbox"/> Delete |                           |  |  |  |
| <b>TITLE</b><br>MGR<br><b>NAME</b><br>LANCASTER, WHIT<br><b>STREET ADDRESS</b><br>3401 W. CYPRESS<br><b>CITY-ST-ZIP</b><br>TAMPA, FL 33607  | <input type="checkbox"/> Delete |                           |  |  |  |
| <b>10. ADDITIONS/CHANGES</b>  |                                 |                           |  |  |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                 |                           |  |  |  |
| 04/29/08-80086-006 138.75   |                                 |                           |  |  |  |
| <b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.</b> |                                 |                           |  |  |  |
| <b>SIGNATURE:</b> <u>Harroll Castle</u> <span style="float: right;">04-09-08</span>   |                                 |                           |  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |                                 |                           |  |  |  |
| Date  |                                 |                           |  |  |  |
| Daytime Phone #   |                                 |                           |  |  |  |