

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000030458

Entity Name: FELLOWSHIP TITLE, LLC

FILED  
May 15, 2007  
Secretary of State

## Current Principal Place of Business:

1105 S. US HWY #110  
BUNNELL, FL 32110

## New Principal Place of Business:

1105 S. US HWY 1  
110  
BUNNELL, FL 32110

## Current Mailing Address:

PO BOX 1928  
BUNNELL, FL 32110

## New Mailing Address:

FEI Number: 20-5480076      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:

GALLIEN, LAUREN  
1105 S. US HWY #110  
BUNNELL, FL 32110      US

## Name and Address of New Registered Agent:

GALLIEN, LAURA  
1105 S. US HWY 1  
110  
BUNNELL, FL 32110      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: LAURA L GALLIEN

05/15/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM      ( ) Delete  
Name: GALLIEN, LAURA  
Address: PO BOX 1928  
City-St-Zip: BUNNELL, FL 32110

Title: MGRM      ( ) Delete  
Name: JONES, MARK S  
Address: 4415 PHC #305  
City-St-Zip: TORRANCE, CA 90505

## ADDITIONS/CHANGES:

Title: MGRM      (X) Change ( ) Addition  
Name: GALLIEN, LAURA L  
Address: PO BOX 1928  
City-St-Zip: BUNNELL, FL 32110

Title: MGRM      (X) Change ( ) Addition  
Name: JONES, MARK S  
Address: P O BOX 1928  
City-St-Zip: BUNNELL, FL 32110

I hereby certify that the information supplied with this filing does not qualify 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: LAURA L GALLIEN

MM

05/15/2007

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