2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# L06000030618

Entity Name: CLEAR TITLE OF FLORIDA, LLC

Current Principal Place of Business:

110 PARK LAKE ST
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

110 PARK LAKE ST
ORLANDO, FL 32803 US

New Mailing Address:

FEI Number: 20-4588652 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAMANNA, JUSTIN
HOMEVEST MANAGEMENT, INC.
1300 E. MICHIGAN STREET
ORLANDO, FL 32806 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:	FBC MORTGAGE, LLC	
Address:	201 S. ORANGE AVE. SUITE 1000	
City-St-Zip:	ORLANDO, FL 32801	
Title:	MGRM	( ) Delete
Name:	HOMEVEST MANAGEMENT, INC.	
Address:	1300 E. MICHIGAN STREET	
City-St-Zip:	ORLANDO, FL 32806	
Title:	MGRM	( ) Delete
Name:	THE MORTGAGE FIRM, INC.	
Address:	921 DOUGLAS AVE. SUITE 200	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: JUSTIN J. LAMANNA MGRM 04/14/2009

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