

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000035185

**FILED**  
**Apr 10, 2007**  
**Secretary of State**

**Entity Name:** BTS LAND TITLE SERVICES LLC

**Current Principal Place of Business:**

26606 MAGNOLIA BLVD  
LUTZ, FL 33549 US

**New Principal Place of Business:**

14452 BRUCE B. DOWNS BLVD.  
316  
TAMPA, FL 33613 US

**Current Mailing Address:**

26606 MAGNOLIA BLVD  
LUTZ, FL 33549 US

**New Mailing Address:**

14452 BRUCE B. DOWNS BLVD  
316  
TAMPA, FL 33613 US

**FEI Number:** 20-4633347

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PARSLEY, M B  
26606 MAGNOLIA BLVD  
LUTZ, FL 33549 US

**Name and Address of New Registered Agent:**

PARSLEY, MALCOLM B  
2604 CELLO LANE  
LUTZ, FL 33559 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: MALCOLM B. PARSLEY

04/10/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PARSLEY, M B  
Address: 26606 MAGNOLIA BLVD  
City-St-Zip: LUTZ, FL 33549 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PARSLEY, MALCOLM B  
Address: 2604 CELLO LANE  
City-St-Zip: LUTZ, FL 33559 US

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: MALCOLM B. PARSLEY

MGRM

04/10/2007

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