




# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90049 050 \*\*\*\*50.00

<b>DOCUMENT # L06000064901</b>						
<b>1. Entity Name</b> ST. AUGUSTINE TITLE, LLC						
<b>Principal Place of Business</b> 5215 US 1 SOUTH ST. AUGUSTINE, FL 32086			<b>Mailing Address</b> 5215 US 1 SOUTH ST. AUGUSTINE, FL 32086			
<b>2. Principal Place of Business - No P.O. Box #</b> 5215 US 1 South		<b>3. Mailing Address</b> see item #2		60043625  		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01222007    Chg-LLC    CR2E083 (12/06)		
<b>City &amp; State</b> St Augustine, FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 42-1709422		
<b>Zip</b> 32086		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required		
<b>6. Name and Address of Current Registered Agent</b>  MAYNARD, KEITH L 5215 US 1 SOUTH ST. AUGUSTINE, FL 32086				<b>7. Name and Address of New Registered Agent</b>		
				<b>Name</b>		
				<b>Street Address (P.O. Box Number is Not Acceptable)</b>		
				<b>City</b>		
				<b>FL</b> <b>Zip Code</b>		
<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) <b>DATE</b> _____						
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>				<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGR <b>NAME</b> LAPHEN, WILLIAM A <b>STREET ADDRESS</b> 5215 US 1 SOUTH <b>CITY - ST - ZIP</b> ST. AUGUSTINE, FL 32086	<input type="checkbox"/> Delete			<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MGR <b>NAME</b> OLIVER, JOHN A <b>STREET ADDRESS</b> 5215 US 1 SOUTH <b>CITY - ST - ZIP</b> ST. AUGUSTINE, FL 32086	<input type="checkbox"/> Delete			<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MGR <b>NAME</b> MAYNARD, KEITH L <b>STREET ADDRESS</b> 5215 US 1 SOUTH <b>CITY - ST - ZIP</b> ST. AUGUSTINE, FL 32086	<input type="checkbox"/> Delete			<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete			<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete			<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete			<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<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> 				4/25/07    904-797-6060		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date    Daytime Phone #		