

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000064901

Entity Name: ST. AUGUSTINE TITLE, LLC

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

5215 US 1 SOUTH
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

5215 US 1 SOUTH
ST. AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 42-1709422 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:

MAYNARD, KEITH L
5215 US 1 SOUTH
ST. AUGUSTINE, FL 32086 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: MGR () Delete
Name: LAPHEN, WILLIAM A
Address: 5215 US 1 SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: MGR () Delete
Name: OLIVER, JOHN A
Address: 5215 US 1 SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: MGR () Delete
Name: MAYNARD, KEITH L
Address: 5215 US 1 SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32086

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: KEITH MAYNARD

MGR

05/01/2008

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