

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000071249

Entity Name: ARGOSY TITLE, LLC

FILED
Jan 05, 2007
Secretary of State

Current Principal Place of Business:

29605 U.S. HIGHWAY 19 N., SUITE 110
CLEARWATER, FL 33761

New Principal Place of Business:

29605 U.S. HIGHWAY 19 NORTH
SUITE 110
CLEARWATER, FL 33761

Current Mailing Address:

29605 U.S. HIGHWAY 19 N., SUITE 110
CLEARWATER, FL 33761

New Mailing Address:

29605 U.S. HIGHWAY 19 NORTH
SUITE 110
CLEARWATER, FL 33761

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAKELLARIDES, JOHN M
29605 U.S. HIGHWAY 19 N., SUITE 110
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

SAKELLARIDES, JOHN M
29605 U.S. HIGHWAY 19 NORTH
SUITE 110
CLEARWATER, FL 33761 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: JOHN M SAKELLARIDES

01/05/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SAKELLARIDES, JOHN M
Address: 29605 U.S. HIGHWAY 19 N., SUITE 110
City-St-Zip: CLEARWATER, FL 33761

Title: MGRM () Delete
Name: HERDMAN, MARK
Address: 29605 U.S. HIGHWAY 19 N., SUITE 110
City-St-Zip: CLEARWATER, FL 33761

Title: MGRM (X) Delete
Name: KOULIANOS, JOHN
Address: 41 N. RING AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689

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 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: JOHN M SAKELLARIDES

MGRM

01/05/2007

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