

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

05-01-2007 90332 015 ****50.00
L06000076823

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04262007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-5335594** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

DOCUMENT # L06000076823
1. Entity Name
FLORIDA TITLE AFFILIATES, LLC



Principal Place of Business
4900 CREEKSIDE DR.
CLEARWATER, FL 33760 US

Mailing Address
101 GATEWAY CENTRE PARKWAY
GATEWAY ONE
RICHMOND, VA 23235 US

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
5600 Cox Road
Suite, Apt. #, etc.
City & State
Glen Allen, VA
Zip Country
23060 USA

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANDAMERICA ALLIANCE COMPANY 101 GATEWAY CENTRE PARKWAY RICHMOND, VA 23235 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5600 Cox Road Glen Allen, VA 23060 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

LandAmerica Alliance Company
SIGNATURE *Hope M. Vaughan* Hope M. Vaughan 4-26-07 (804)267-8697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #