


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90152 012 ****50.00

DOCUMENT # L06000106037	
1. Entity Name FLORIDA GULF COAST TITLE SERVICES, LLC	

Principal Place of Business 6825 GRENADIER BOULEVARD, #2104 NAPLES, FL 34108	Mailing Address 6825 GRENADIER BOULEVARD, #2104 NAPLES, FL 34108
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2. Principal Place of Business - No P.O. Box # <i>1415 Panther Lane</i>	3. Mailing Address <i>1415 Panther Lane</i>
Suite, Apt. #, etc. <i>Suite 311</i>	Suite, Apt. #, etc. <i>Suite 311</i>
City & State <i>Naples, FL</i>	City & State <i>Naples, FL</i>
Zip <i>34109</i>	Country <i>USA</i>



04072007 Chg-LLC CR2E083 (12/06)

4. FEI Number <i>02-0789952</i>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent C T 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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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	MGR COOK, JAY F 6825 GRENADIER BOULEVARD, #2104 NAPLES, FL 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: *Jay F. Cook / JAY F. COOK, Manager* **4/7/07** **239-591-6648**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #