

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000083696

FILED
Jul 09, 2008
Secretary of State

Entity Name: HOMEPLUS TITLE PARNTERS, LLC

Current Principal Place of Business:

1828 SANDY KNOLL CIRCLE S.
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

1828 SANDY KNOLL CIRCLE S.
LAKELAND, FL 33813

New Mailing Address:

FEI Number: 26-0715329 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:

STATA, LINDA
1836 N. CRYSTAL LAKE DR.,
#15
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

STATA, LINDA A
1836 N. CRYSTAL LAKE DR.,
#15
LAKELAND, FL 33801 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: LINDA STATA

07/09/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MORRISON, CATHY L
Address: 1828 SANDY KNOLL CIRCLE S.
City-St-Zip: LAKELAND, FL 33813

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MORRISON, CATHY L
Address: 1828 SANDY KNOLL CIRCLE S
City-St-Zip: LAKELAND, FL 33813

Title: MGRM () Change (X) Addition
Name: STATA, LINDA A
Address: 1836 N. CRYSTAL LAKE DR., #15
City-St-Zip: LAKELAND, FL 33801

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: LINDA A. STATA

MGRM

07/09/2008

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