## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000083696

Entity Name: HOMEPLUS TITLE PARNTERS, LLC

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

211 KEARNEYWOOD ST. 211 KERNEYWOOD ST. LAKELAND, FL 33803 LAKELAND, FL 33803

Current Mailing Address: New Mailing Address:

211 KEARNEYWOOD ST. 211 KERNEYWOOD ST. LAKELAND, FL 33803 LAKELAND, FL 33803

FEI Number: 26-0715329 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STATA, LINDA A

1836 N. CRYSTAL LAKE DR.,
#15

LAKELAND, FL 33801 US

MORRISON, CATHY L

211 KERNEYWOOD ST.
LAKELAND, FL 33803 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: CATHY L. MORRISON 04/28/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MORRISON, CATHY L
 Name:

 Address:
 1828 SANDY KNOLL CIRCLE S
 Address:

 City-St-Zip:
 LAKELAND, FL 33813
 City-St-Zip:

Title: MGRM (X) Delete Title: ( ) Change ( ) Addition

 Name:
 STATA, LINDA A
 Name:

 Address:
 1836 N. CRYSTAL LAKE DR., #15
 Address:

 City-St-Zip:
 LAKELAND, FL 33801
 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: CATHY L. MORRISON MGRM 04/28/2009