2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# L07000090000

Entity Name: NATIONS TITLE INSURANCE AGENCY, LLC

Current Principal Place of Business:

3203 LAWTON ROAD
130
ORLANDO, FL 32803

New Principal Place of Business:

773 SOUTH KIRKMAN ROAD
119
ORLANDO, FL 32811

Current Mailing Address:

3203 LAWTON ROAD
130
ORLANDO, FL 32803

New Mailing Address:

773 SOUTH KIRKMAN ROAD
119
ORLANDO, FL 32811

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

SNEED, ALJEROY W
3203 LAWTON ROAD
130
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

SNEED, ALJEROY W
773 SOUTH KIRKMAN ROAD
119
ORLANDO, FL 32811 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: 05/01/2008
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SNEED, ALJEROY W
Address: PO BOX 721621
City-St-Zip: ORLANDO, FL 32872

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
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: ALJEROY W. SNEED MGMR 05/01/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date