

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000094337

FILED
May 01, 2008
Secretary of State

Entity Name: POLO TITLE INSURANCE, LLC

Current Principal Place of Business:

823 CEDAR COVE ROAD
WELLINGTON, FL 33414

New Principal Place of Business:

12300 SOUTH SHORE BOULEVARD
SUITE 218
WELLINGTON, FL 33414

Current Mailing Address:

823 CEDAR COVE ROAD
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 26-1362773 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:

HOWARD K. COATES, JR., P.A.
12012 SOUTH SHORE BOULEVARD
STE. 107
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

SORIERO, LILLIAN MGR
823 CEDAR COVE ROAD
WELLINGTON, FL 33414 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: LILLIAN SORIERO

05/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SORIERO, LILLIAN
Address: 823 CEDAR COVE ROAD
City-St-Zip: WELLINGTON, FL 33414

Title: MGR () Delete
Name: SORIERO, MICHELLE
Address: 2273 SUNDERLAND AVE.
City-St-Zip: WELLINGTON, FL 33414

Title: MGR () Delete
Name: DEPIETTO, CHRISTINE
Address: 1880 GRANTHAM CT.
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LILLIAN SORIERO

MGR

05/01/2008

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