

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000015761

FILED  
Apr 09, 2009  
Secretary of State

**Entity Name:** PARTNERS TITLE SERVICES GROUP, LLC

**Current Principal Place of Business:**

1502 W. FLETCHER AVE., SUITE 109  
TAMPA, FL 33612

**New Principal Place of Business:**

5808 OLD PASCO ROAD  
WESLEY CHAPEL, FL 33544

**Current Mailing Address:**

1502 W. FLETCHER AVE., SUITE 109  
TAMPA, FL 33612

**New Mailing Address:**

5808 OLD PASCO ROAD  
WESLEY CHAPEL, FL 33544

**FEI Number:** 26-2409647

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOUSEFIELD, DAVID B  
1502 W. FLETCHER AVE., SUITE 109  
TAMPA, FL 33612 US

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

HOUSEFIELD, DAVID B  
5808 OLD PASCO ROAD  
WESLEY CHAPEL, FL 33544 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: DAVID B. HOUSEFIELD

04/09/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HOUSEFIELD, DAVID B  
Address: 1502 W. FLETCHER AVE., SUITE 109  
City-St-Zip: TAMPA, FL 33612

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HOUSEFIELD, DAVID B  
Address: 5808 OLD PASCO ROAD  
City-St-Zip: WESLEY CHAPEL, FL 33544

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: DAVID B. HOUSEFIELD

MGR

04/09/2009

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