2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

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Entity Name: TOWNSEND TITLE INSURANCE AGENCY, LLC

Current Principal Place of Business:

17111 LAURELIN COURT
NORTH FORT MYERS, FL 33917 US

New Principal Place of Business:

2804 DEL PRADO BLVD.
SUITE 102
CAPE CORAL, FL 33904 US

Current Mailing Address:

17111 LAURELIN COURT
NORTH FORT MYERS, FL 33917 US

New Mailing Address:

FEI Number: 26-2509350 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOWNSEND, TRACY L
17111 LAURELIN COURT
NORTH FORT MYERS, FL 33917 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: TOWNSEND, TRACY L
Address: 17111 LAURELIN COURT
City-St-Zip: NORTH FORT MYERS, FL 33917 US

Title: MGRM ( ) Delete
Name: TOWNSEND, WILLIAM S SR.
Address: 15291 BROKEN J. RANCH ROAD
City-St-Zip: FORT MYERS, FL 33905 US

ADDITIONS/CHANGES:

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: TRACY L. TOWNSEND MGRM 01/16/2009

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