2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000089831

Entity Name: JVI TITLE DIVISION, LLC

Name:

Address:

City-St-Zip:

951 MARKET PROMENADE AVENUE, SUITE 201

LAKE MARY, FL 32746

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 951 MARKET PROMENADE AVENUE **SUITE 2101** LAKE MARY, FL 32746 **New Mailing Address: Current Mailing Address:** 951 MARKET PROMENADE AVENUE SUITE 2101 LAKE MARY, FL 32746 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: NATION, RON L 951 MARKET PROMENADE AVENUE **SUITE 2101** LAKE MARY, FL 32746 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete NATION, RON L Name: Name: 951 MARKET PROMENADE AVENUE, SUITE 201 Address: Address: City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: NATION, STEPHAN Name: Address: 951 MARKET PROMENADE AVENUE, SUITE 201 Address: City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition NATION, PHILLIP Name: Name: 951 MARKET PROMENADE AVENUE, SUITE 201 Address: Address: City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition NATION, JONATHAN

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.

Name:

Address:

City-St-Zip:

SIGNATURE: RON NATION **MGRM** 04/29/2009