2005 LIMITED LIABILITY COMPANY

Apr 30, 2005 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # L98000001211 1. Entity Name REALTY TITLE ASSOCIATES, L.L.C. Principal Place of Business Mailing Address 900 SIXTH AVENUE SOUTH, #104 900 SIXTH AVENUE SOUTH, #104 NAPLES, FL 34102 NAPLES, FL 34102 04202005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 59-3526171 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent DO NOT WRITE BOWIE, RAYMOND J 900 SIXTH AVENUE SOUTH, #104 NAPLES, FL 34102 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS ĝ. MGRM TITLE 04/30/05-80122-019 50.00 NAME LAWYERS TITLE & ESCROW, INC. STREET ADDRESS 900 SIXTH AVENUE SOUTH, #104 NAPLES, FL 34102 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE 속으로 한 경기를 받는다. NAME

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING DEMBER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZiP

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Daytime Phone #

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