

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


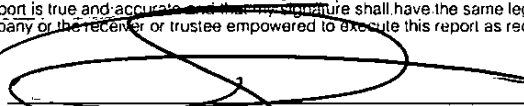
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Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90279 039 ****50.00

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02012005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L99000004107					
1. Entity Name SOUTHERN ESCROW & TITLE, L.L.C.					
Principal Place of Business 12815 HWY. 98 WEST SUITE 124 DESTIN, FL, 32541			Mailing Address 12815 HWY. 98 WEST SUITE 124 DESTIN, FL 32541		
2. Principal Place of Business		3. Mailing Address 12815 Emerald Coast Pkwy Ste 124			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Ste 124			
City & State		City & State Destin FL			
Zip	Country	Zip	Country	4. FEI Number 59-3588976	
32550				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LARSH, DAWN E 12815 EMERALD COAST PKWY STE 124 MIRAMAR BEACH, FL 32550				7. Name and Address of New Registered Agent	
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRANNON, GEORGE T 12815 HWY. 98 WEST DESTIN, FL 32541	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12815 Emerald Coast Pkwy Ste 124 Destin FL 32550	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			Date: 1-5-05 850-337 0540		
SIGNATURE AND FULL OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					