

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90059 046 ***150.00

DOCUMENT # L99000007478
 1. Entity Name
 WINTER PARK TITLE SERVICES, L.L.C.



Principal Place of Business Mailing Address
 1031 WEST MORSE BOULEVARD, SUITE 350 1031 WEST MORSE BOULEVARD, SUITE 350
 WINTER PARK, FL 32789 WINTER PARK, FL 32789

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01052005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3613114	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 SWANN, RICHARD R
 1031 WEST MORSE BOULEVARD, SUITE 350
 WINTER PARK, FL 32789

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SWANN, RICHARD R 1031 WEST MORSE BOULEVARD, SUITE 350 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEEN, ALLAN E 1031 WEST MORSE BOULEVARD, SUITE 350 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRG ARROWSMITH, ROGER S 1888 EAGLE HARBOR PARKWAY ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: 4/29/05 407-647-2777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #