


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

04-29-2005 90059 046 \*\*\*150.00

<b>DOCUMENT # L99000007478</b> 1. Entity Name WINTER PARK TITLE SERVICES, L.L.C.	
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Principal Place of Business 1031 WEST MORSE BOULEVARD, SUITE 350 WINTER PARK, FL 32789	Mailing Address 1031 WEST MORSE BOULEVARD, SUITE 350 WINTER PARK, FL 32789
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**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

SWANN, RICHARD R  
1031 WEST MORSE BOULEVARD, SUITE 350  
WINTER PARK, FL 32789

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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	

**DO NOT WRITE  
IN THIS SPACE**

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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/29/05 407-647-2777  
Date Daytime Phone #