

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L99000007665

1. Entity Name  
MAPLE TITLE INSURANCE AGENCY, L.L.C.



Principal Place of Business  
101 EAST KENNEDY BLVD., SUITE 3140  
TAMPA, FL 33602

Mailing Address  
101 EAST KENNEDY BLVD., SUITE 3140  
TAMPA, FL 33602

**DO NOT WRITE IN THIS SPACE**



04142005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
59-3608026

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

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

NUCCIO, VINCENT L JR  
101 EAST KENNEDY BLVD., SUITE 3140  
TAMPA, FL 33602

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

U00000360773  
05/05/05-80049-006 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
THE TAUBMAN COMPANY LLC  
200 EAST LONG LAKE ROAD  
BLOOMFIELD HILLS, MI 483030200

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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)(f), 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

Dennis J. Hecht  
Authorized Signatory

Date

Daytime Phone #

4/28/05 248-258-6800

2004 0550 0001 1422 5608