


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

1/1

**FILED**  
**Mar 02, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90064 046 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                |                                                   |                                                                     |                                                                                   |                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>DOCUMENT # L99000008134</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                |                                                   |                                                                     |  |                                                                                            |
| 1. Entity Name<br><b>PENINSULA TITLE SERVICES, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                |                                                   |                                                                     |                                                                                   |                                                                                            |
| Principal Place of Business<br><b>4888 BABCOCK ST NE<br/>PALM BAY, FL 32905</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                |                                                   | Mailing Address<br><b>4888 BABCOCK ST NE<br/>PALM BAY, FL 32905</b> |                                                                                   |                                                                                            |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                |                                                   | 3. Mailing Address                                                  |                                                                                   |                                                                                            |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                |                                                   | Suite, Apt. #, etc.                                                 |                                                                                   |                                                                                            |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                |                                                   | City & State                                                        |                                                                                   |                                                                                            |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                        | Zip                                               | Country                                                             | 4. FEI Number<br><b>59-3611828</b>                                                | Applied For<br><input type="checkbox"/> <b>FL</b><br>Not Applicable                        |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                |                                                   |                                                                     | 01042006 Chg-LLC CR2E083 (11/05)                                                  |                                                                                            |
| 8. Name and Address of Current Registered Agent<br><b>DOMONOUSKY, NANCY<br/>4888 BABCOCK ST NE<br/>PALM BAY, FL 32905</b>                                                                                                                                                                                                                                                                                                                                                                                |                                                                                |                                                   | 7. Name and Address of New Registered Agent                         |                                                                                   |                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                |                                                   | Name                                                                |                                                                                   |                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                |                                                   | Street Address (P.O. Box Number is Not Acceptable)                  |                                                                                   |                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                |                                                   | City <b>FL</b> 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 replacing) _____ DATE _____                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                |                                                   |                                                                     |                                                                                   |                                                                                            |
| Filing Fee is \$50.00 Due by May 1, 2006                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                | Make check payable to Florida Department of State |                                                                     |                                                                                   |                                                                                            |
| 9. MANAGING MEMBERS / MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                |                                                   | 10. ADDITIONS / CHANGES                                             |                                                                                   |                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>MGRM<br/>BATSEL, C. GUY<br/>P.O. BOX 363<br/>PLACIDA, FL 33946</b>          | <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                   | <b>MGR<br/>Batset, C. Guy<br/>P.O. Box 363<br/>Placida, FL 33946</b>              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>MGR<br/>DOMONOUSKY, NANCY<br/>4888 BABCOCK ST NE<br/>PALM BAY, FL 32905</b> | <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                   | <b>MGRM<br/>Domonousky, Nancy<br/>4888 Babcock St NE<br/>Palm Bay, FL 32905</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>MGR<br/>ROBAINA, GLORIA<br/>4888 BABCOCK ST NE<br/>PALM BAY, FL 32905</b>   | <input checked="" type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                   | <b>MEM<br/>Robaina, Gloria<br/>4888 Babcock St. NE<br/>Palm Bay, FL 32905</b>     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Delete</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                | <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                   |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                | <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                   |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                | <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-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 exemptions contained in Chapter 119, 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: <i>Nancy Domonousky</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                |                                                   | Date: <b>1/4/06 (321) 726-6414</b>                                  |                                                                                   |                                                                                            |



ATTACHMENT

30001563

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 13, 2006

PENINSULA TITLE SERVICES, LLC  
4888 BABCOCK ST NE  
PALM BAY, FL 32905

*I don't  
get this.  
Call them*

Subject: PENINSULA TITLE SERVICES, LLC

Reference Number: L99000008134

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CJ  
ANNUAL REPORTS SECTION