

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000008134**

1. Entity Name  
 PENINSULA TITLE SERVICES, LLC



Principal Place of Business 4888 BABCOCK ST NE PALM BAY, FL 32905	Mailing Address 4888 BABCOCK ST NE PALM BAY, FL 32905
---	---

**DO NOT WRITE IN THIS SPACE**



02082008No Chg-LLC CR2E083 (12/07)

4. FEI Number 59-3611828	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

DOMONOUSKY, NANCY  
 4888 BABCOCK ST NE  
 PALM BAY, FL 32905

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BATSEL, C. GUY P.O. BOX 363 PLACIDA, FL 33946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOMONOUSKY, NANCY 4888 BABCOCK ST NE PALM BAY, FL 32905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBAINA, GLORIA 4888 BABCOCK ST NE PALM BAY, FL 32905
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**

05/13/08-80077-020 138.75

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: Nancy Domonousky 2/14/08 321-726-6414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #