

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000009146

FILED
Apr 18, 2006
Secretary of State

Entity Name: FIRST FLORIDA TITLE INSURANCE AGENCY, LLC

Current Principal Place of Business:

8905 REGENTS PARK SUITE 230
TAMPA, FL 33647

New Principal Place of Business:

5402 BEAUMONT CENTER BLVD #114
TAMPA, FL 33643

Current Mailing Address:

2075 CENTRE POINTE BLVD
TALLAHASSEE, FL 32308

New Mailing Address:

140 FOUNTAIN PARKWAY
SUITE 210
ST. PETERSBURG, FL 33716

FEI Number: 59-3616163

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LA JOIE, JOHN T
2075 CENTRE POINTE BOULEVARD
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FIRST AMERICAN TITLE, INSURANCE CO.
Address: 2075 CENTRE POINTE BLVD.
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGR () Delete
Name: WINDWARD HOMES, INC.,
Address: 5402 BEAUMONT CENTER BLVD., STE. 108
City-St-Zip: TAMPA, FL 33643

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FRANK CAMPERLENGO

V

04/18/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date