


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90032 027 ****50.00

DOCUMENT # M03000003904					
1. Entity Name WINDSOR TITLE, LLC					
Principal Place of Business 5110 EISENHOWER BLVD, STE 102 TAMPA, FL 33634			Mailing Address 5110 EISENHOWER BLVD, STE 102 TAMPA, FL 33634		
2. Principal Place of Business		3. Mailing Address Attn: LandCastle Title, LLC Suite, Apt. #, etc. 7000 Central Pkwy., Ste. 1220			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 7000 Central Pkwy., Ste. 1220			
City & State		City & State Atlanta, GA		4. FEI Number 20-0387444	
Zip		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			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 reinstating)					
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 NAME STREET ADDRESS CITY-ST-ZIP	MGR LANDCASTLE TITLE, LLC 7000 CENTRAL PKWY, STE 1220 ATLANTA, GA 30328	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LANDCASTLE TITLE, LLC 7000 CENTRAL PKWY, STE. 1220 ATLANTA, GA 30328	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OPTEUM FINANCIAL SERVICES, LLC LEGAL DEPT. W115 CENTURY RD. 3RD FLOOR PARAMUS, NJ 07652	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OPTEUM FINANCIAL SERVICES, LLC LEGAL DEPT. W115 CENTURY RD. 3RD FLOOR PARAMUS, NJ 07652	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			4/26/06 678-298-2100 Date Daytime Phone #		
Nathan E. Hardwick, IV					