


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

03-27-2006 90052 042 ****50.00

DOCUMENT # M04000002493
 1. Entity Name
CRESENT TITLE AGENCY OF FLORIDA, LLC



Principal Place of Business 4801 DRESSLER ROAD, SUITE 194 CANTON, OH 44718	Mailing Address 4801 DRESSLER ROAD, SUITE 194 CANTON, OH 44718
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30004767



03142006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1222061	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
 STIVERS, H B
 245 EAST VIRGINIA STREET
 TALLAHASSEE, FL 32301

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] MEMBER DATE: 3/14/06

Signature, based on membership of registered agent and file if applicable. (NOTE: Registered Agent signature required when resigning)

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BABIN, DALE T 4801 DRESSLER ROAD, SUITE 194 CANTON, OH 44718
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAINES, JEFFREY D 4801 DRESSLER ROAD, SUITE 194 CANTON, OH 44718
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VOGLEY, STEVEN W 4801 DRESSLER ROAD, SUITE 194 CANTON, OH 44718
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

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] DATE: 4/5/06

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