## 2005 LIMITED LIABILITY COMPANY

## **FILED** AM

	ANNUAL REPORT	•	Apr 2.	2, 2005 08:00
DOCUMENT # M0400003096			Sec	2, 2005 08:00 cretary of State
1. Entity Name CENTRAL ALABAMA TITLE CENTER, LLC			·	
CENTIV	LE ALABAMA TITLE CENTER, LLC			
	ce of Business Mailing Address			· · · · · · · · · · · · · · · · · · ·
534 ADAMS Montgome	AVENUE 534 ADAMS AVE RY, AL 36104 MONTGOMERY, A	NUE N. 36104		. F
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			04132005 No Chg-LLC	CR2E083 (10/03)
			4. FEI Number	Applied For
			63-1279987	Not Applicable  \$5.00 Additional
			5. Certificate of Status Desired	Fee Required
<del>'</del>	8. Name and Address of Current Registered Agent	· -==		
	ATION SERVICE COMPANY S STREET			
	SSEE, FL 32301-2525			
the obligat	named entity submits this statement for the purpose of changions of registered agent.	ing its registered office or register	ed agent, or both, in the State of Flor	rida. I am familiar with, and accept
SIGNATURE.				
<u> </u>	Signature, typed or printed name of registered agent and title it applicable	(NOTE: Registered Agent signature required	when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2005		· ·	324337 30090-005 50.00	
			U4/22/05-4	30090-005 50.00
g.	MANAGING MEMBERS/MANAGERS MGR	·		
title Name	INVESTORS TITLE MANAGEMENT SERVICES, INC	<b>:</b> .		
STREET ADDRESS CITY-ST-ZIP	P.O. DRAWER 2687 CHAPEL HILL, NC 275152687			
TITLE	GHAP EL TILL, NO 2/3/32007	<del></del>		
NAME				
STREET ADDRESS CITY-SY-ZIP	)			
TITLE		·		
NAME STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				
TITLE				
NAME STREET ADDRESS				
City-ST-7IP				

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is too 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 timited liability company of the reference or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE