

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000003207

FILED  
Apr 20, 2006  
Secretary of State

Entity Name: ALABAMA REAL ESTATE TITLE CENTER, LLC

**Current Principal Place of Business:**

150 SOUTH PERRY STREET  
MONTGOMERY, AL 36104

**New Principal Place of Business:**

215 RICHARD ARRINGTON JR. BLVD. NORTH  
SUITE 901  
BIRMINGHAM, AL 35203

**Current Mailing Address:**

150 SOUTH PERRY STREET  
MONTGOMERY, AL 36104

**New Mailing Address:**

215 RICHARD ARRINGTON JR. BLVD. NORTH  
SUITE 901  
BIRMINGHAM, AL 35203

FEI Number: 41-2043217

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: MGR ( ) Delete  
Name: INVESTORS TITLE MANA, GEMENT SERVICE S , INC.  
Address: 150 SOUTH PERRY STREET  
City-St-Zip: MONTGOMERY, AL 36104

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: INVESTORS TITLE MANA, GEMENT SERVICE S , INC.  
Address: 121 N. COLUMBIA STREET  
City-St-Zip: CHAPEL HILL, NC 27514

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: PETRINA J. KEDDELL, ASST. SECRETARY, ITMS

MGR

04/20/2006

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