

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # M04000004000

1. Entity Name

PRIORITY LAND TITLE AGENCY OF AMERICA, LLC



Principal Place of Business

615 CRESCENT EXECUTIVE CT. #130
LAKE MARY, FL 32764

Mailing Address

615 CRESCENT EXECUTIVE CT. #130
LAKE MARY, FL 32764



03202006 No Chg-LLC

CRZE083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3777702

Applied For
Not Applicable

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 of person or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/6/06

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HARRISON, TINA M
STREET ADDRESS	655 METRO PLACE SOUTH, SUITE 650
CITY-ST-ZIP	DUBLIN, OH 45017

TITLE	MGRM
NAME	SHEPHERD, BARBARA L
STREET ADDRESS	655 METRO PLACE SOUTH, SUITE 650
CITY-ST-ZIP	DUBLIN, OH 45017

TITLE	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

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04/27/06-80046-020 55.00

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

Date

Daytime Phone #