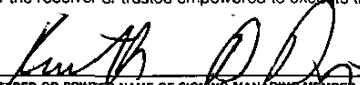


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90036 015 \*\*\*\*50.00

<b>DOCUMENT # M04000005159</b> 1. Entity Name <b>EQUITY TITLE COMPANY, LLC</b>			
Principal Place of Business <b>1204 INDIAN HILLS CIRCLE TUSCALOOSA, AL 35406</b>		Mailing Address <b>1204 INDIAN HILLS CIRCLE TUSCALOOSA, AL 35406</b>	
2. Principal Place of Business <b>513 Energy Center Blvd</b> Suite, Apt. #, etc. <b>Suite 1004</b> City & State <b>Northport, AL</b> Zip <b>35473</b> Country <b>Tuscaloosa</b>		3. Mailing Address <b>513 Energy Center Blvd</b> Suite, Apt. #, etc. <b>Suite 1004</b> City & State <b>Northport, AL</b> Zip <b>35473</b> Country <b>Tuscaloosa</b>	
4. FEI Number <b>20-0166190</b>		02222005 Chg-LLC CR2E083 (10/03) Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent <b>STIVERS, H B 245 EAST VIRGINIA STREET TALLAHASSEE, FL 32301</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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) DATE _____			
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR DAVIS, KENNETH D 513 ENERGY CENTER BLVD., SUITE 1004 NORTHPORT, AL 35473</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.			
<b>SIGNATURE:</b> 		<b>03-07-05 205-248-8891</b> Date Daytime Phone #	