

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000000192

Entity Name: HERITAGE TITLE SERVICES, LLC

FILED
Jan 04, 2007
Secretary of State

Current Principal Place of Business:

159 ST. MATTHEW AVE. STE 4
LOUISVILLE, KY 40207

New Principal Place of Business:

1717 ALLIANT AVENUE
SUITE 5
LOUISVILLE, KY 40299

Current Mailing Address:

159 ST. MATTHEW AVE. STE 4
LOUISVILLE, KY 40207

New Mailing Address:

1717 ALLIANT AVENUE
SUITE 5
LOUISVILLE, KY 40299

FEI Number: 11-3680688

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRON, JASON
5627 NAPLES BLVD UNIT B
NAPLES, FL 34109 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: MGRM () Delete
Name: RIDGE, DONALD
Address: 159 ST. MATTHEW AVE. STE 4
City-St-Zip: LOUISVILLE, KY 40207

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KRON, JASON A
Address: 1717 ALLIANT AVENUE SUITE 5
City-St-Zip: LOUISVILLE, KY 40299

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: JASON KRON

MGMR

01/04/2007

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