

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 02, 2007 8:00 am
Secretary of State

05-01-2007 90313 036 ****50.00

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DOCUMENT # M05000002491

1. Entity Name
UNITED LAND TITLE AGENCY LLC



Principal Place of Business
**1367 EAST 6TH ST
SUITE 510A
CLEVELAND, OH 44114**

Mailing Address
**1367 EAST 6TH ST
SUITE 510A
CLEVELAND, OH 44114**



04112007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
14-1852502

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**

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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: Mary A Moran
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

5/30/07
DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CHICAGO TITLE INSURANCE COMPANY
1360 EAST NINTH STREET, SUITE 500
CLEVELAND, OH 44114**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: Mary A Moran
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

5/30/07
Date

Daytime Phone #