FILED
Apr 21, 2008 8:00 am
Secretary of State
03-27-2008 90085 033 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

3/2

DOCUMENT # M05000002491

1. Entity Name
UNITED LAND TITLE AGENCY LLC

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

30004342

DO NOT WRITE IN THIS SPACE

01142008 No Chg-LLC CR2E083 (12/07)

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

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: Mary A Moran mary a. moran 4-18-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

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

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: Mary A Moran 4-18-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

mary a. moran