



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90032 029 ****55.00

DOCUMENT # M05000003248 1. Entity Name REMINGTON TITLE, LLC			
Principal Place of Business 550 N REO STREET, SUITE 300 TAMPA, FL 33609-1065		Mailing Address 3551 Bonita Bay Blvd. Suite 100 Bonita Springs, FL 34134	
2. Principal Place of Business 550 N Reo Street Suite, Apt. #, etc. Suite 300 City & State Tampa, Florida Zip 33609 Country USA		3. Mailing Address 3551 Bonita Bay Blvd. Suite, Apt. #, etc. Suite 100 City & State Bonita Springs, FL Zip 34134 Country USA	
			
		04252006 Chg-LLC CR2E083 (11/05)	
		4. FEI Number 20-1978331	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MOWERY, JAMES E 550 N REO STREET, SUITE 300 TAMPA, FL 33609-1065		7. Name and Address of New Registered Agent Name Jane He Ramey Street Address (P.O. Box Number is Not Acceptable) 550 N Reo Street, Suite 300 City Bonita Springs FL Zip Code 34134	
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 Janette M. Ramey - JANETTE M. RAMEY DATE 04/25/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIVERSIFIED PORTFOLIO, LLC	NAME	
STREET ADDRESS	1 BULLFROG BLVD.	STREET ADDRESS	
CITY - ST - ZIP	OWENSBORO, KY 42301	CITY - ST - ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAPSADDLE, GREGG	NAME	
STREET ADDRESS	250 OLD WILSON BRIDGE RD., STE. 145	STREET ADDRESS	
CITY - ST - ZIP	WORTHINGTON, OH 43085	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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: Gregg E. Clapsaddle - GREGG E. CLAPSADDLE		DATE: 04/25/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	