


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 20, 2007 08:00 A
Secretary of State

DOCUMENT # L04000012721 1. Entity Name FIDELITY TITLE OF FLORIDA, L.L.C.	
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Principal Place of Business 7284 WEST PALMETTO PARK ROAD #106 BOCA RATON FL 33433	Mailing Address 7284 WEST PALMETTO PARK ROAD #106 BOCA RATON FL 33433
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/06)

City & State	City & State	4. FEI Number 20-0695583	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

KASKEL, DANIEL A P.A.
 7284 W PALMETTO PARK ROAD
 SUITE 108
 BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name: Daniel A. Kaskel, P.A.
 Street Address (P.O. Box Number is Not Acceptable):
 City: FL 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: [Signature] DATE: _____
Signature, typed or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE: MGRM NAME: KASKEL, DANIEL A STREET ADDRESS: 7284 W PALMETTO PARK RD, STE 108 CITY - ST - ZIP: BOCA RATON FL 33433	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:	<input type="checkbox"/> Delete
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10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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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 exemptions contained in Section 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: [Signature] DATE: 4/17/07 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE