## 2006 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT** 01-20-2006 90047 040 \*\*\*\*50 00 **DOCUMENT # L05000005885** 1. Entity Name TITLE US, LLC 30000633 Principal Place of Business Mailing Address 1901 MCKINLEY STREET 1901 MCKINLEY STREET HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 2. Principal Place of Business 1937 Holly Wood BLVD 3. Mailing Address Chg-LLC 0 W CR2E083 (11/05) Suite, Apt. #, etc. City & State City & State 4. FEI Number 2183937 Applied For Not Applicable Żiρ Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUMBERT, DANIEL W . Street Address (P.O. Box Number is Not Acceptable) 1901 MCKINLEY STREET HOLLYWOOD, FL 33020 City Zic 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 Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. TITLE **MGRM** ☐ Datate TITLE ☐ Change Addition HUMBERT, DANIEL W MAME NAME STREET ADDRESS 1901 MCKINLEY STREET STREET ADDRESS HOLLYWOOD, FL 33020 CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-77P Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Defete TITLE Addition NAME STREET ADDRESS STREET ADDRESS

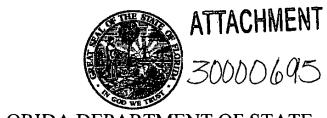
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Flonds Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under 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, Flonds Statutes.

CITY-ST-ZIP

CiTY-ST-ZiP

954-926-5430 SIGNATURE: NE OF SIGNING MANAGING NÉMBÉR, MANAGER, OR AUTHORIZED REPRESENTATIVE

## **FILED** Feb 20, 2006 8:00 am Secretary of State



## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 27, 2006

TITLE US, LLC 1901 MCKINLEY STREET HOLLYWOOD, FL 33020

Subject: TITLE US, LLC

Reference Number:

L05000005885

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE ANNUAL REPORTS SECTION