

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000072074

FILED
May 08, 2006
Secretary of State

Entity Name: ASTON TITLE & ESCROW, LLC

Current Principal Place of Business:

264 W S.R. 434
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

524 WEXDON COURT
LAKE MARY, FL 32746 US

New Mailing Address:

4185 W. LAKE MARY BLVD.
127
LAKE MARY, FL 32746 US

FEI Number: 20-3183842 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ELLIOT, GAVIN T
264 W S.R.434
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ELLIOT, GAVIN T
Address: 5211 MYSTIC POINT COURT
City-St-Zip: ORLANDO, FL 32812 US

Title: MGRM () Delete
Name: JALALI, ROBERT S
Address: 524 WEXDON CT
City-St-Zip: LAKE MARY, FL 32746 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: JALALI, ROBERT S
Address: 1188 CHARMING STREET
City-St-Zip: MAITLAND, FL 32751 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT JALALI

MGMR

05/08/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date