


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90202 039 ****50.00

DOCUMENT # L05000076973 1. Entity Name EMERALD TITLE COMPANY, LLC					
Principal Place of Business 25241 ELEMENTARY WAY, SUITE 206 BONITA SPRINGS, FL 34135			Mailing Address 25241 ELEMENTARY WAY, SUITE 206 BONITA SPRINGS, FL 34135		
2. Principal Place of Business - No P.O. Box # <i>the Business + Law Building</i> Suite, Apt. #, etc. 27911 Crown Lake Blvd. Ste. 200		3. Mailing Address <i>SAME</i> Suite, Apt. #, etc.			
City & State Bonita Springs, FL		City & State		4. FEI Number 20-8143635	
Zip 34135		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LYONS, RICHARD D 25241 ELEMENTARY WAY, SUITE 206 BONITA SPRINGS, FL 34135				7. Name and Address of New Registered Agent Name <i>L+L PARA, LTD. CO.</i> Street Address (P.O. Box Number is Not Acceptable) <i>the Business + Law Building, Ste. 200</i> <i>27911 Crown Lake Blvd.</i> City <i>Bonita Springs</i> FL Zip Code <i>34135</i>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, for both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>[Signature]</i> DATE <i>3/22/07</i> <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, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LYONS, KEVIN M 25241 ELEMENTARY WAY, SUITE 206 BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete			
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			
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			
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			
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <i>3/22/07</i> Daytime Phone # <i>239-948-1823</i>		