

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000083651

Entity Name: A1A TITLE SERVICES, LLC

FILED  
Jan 23, 2006  
Secretary of State

**Current Principal Place of Business:**

8925 S.W. 148TH STREET  
SUITE 200  
MIAMI, FL 33176

**New Principal Place of Business:**

1680 MICHIGAN AVENUE  
SUITE 736  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

8925 S.W. 148TH STREET  
SUITE 200  
MIAMI, FL 33176

**New Mailing Address:**

1680 MICHIGAN AVENUE  
SUITE 736  
MIAMI BEACH, FL 33139

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MICHAEL I. BERNSTEIN, P.A.  
8925 S.W. 148TH STREET  
SUITE 200  
MIAMI, FL 33176 US

**Name and Address of New Registered Agent:**

MICHAEL I. BERNSTEIN, P.A.  
1680 MICHIGAN AVENUE  
SUITE 736  
MIAMI BEACH, FL 33139 US

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: MICHAEL I. BERNSTEIN

01/23/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BERNSTEIN, MICHAEL  
Address: 8925 S.W. 148TH STREET, SUITE 200  
City-St-Zip: MIAMI, FL 33176

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BERNSTEIN, MICHAEL  
Address: 1680 MICHIGAN AVENUE  
City-St-Zip: MIAMI, FL 33139

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: MICHAEL I. BERNSTEIN

MGRM

01/23/2006

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