


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000095539 1. Entity Name TITLE COMPANY OF FLORIDA, LLC	
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Principal Place of Business 1666 KENNEDY CAUSEWAY SUITE 302 NORTH BAY VILLAGE, FL 33141 US	Mailing Address 1666 KENNEDY CAUSEWAY SUITE 302 MIAMI BEACH, FL 33141
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04092008No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-3746300	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  SOLOMON & FURSHMAN, LLP 1666 KENNEDY CAUSEWAY SUITE 302 NORTH BAY VILLAGE, FL 33141	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

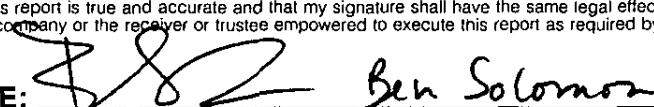
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000895129  
 04/24/08-80057-006 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FURSHMAN, MICHAEL A 1666 KENNEDY CAUSEWAY, SUITE 302 NORTH BAY VILLAGE, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOLOMON, BEN 1666 KENNEDY CAUSEWAY, SUITE 302 NORTH BAY VILLAGE, FL 33141
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**DO NOT WRITE IN THIS SPACE**

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:**  **Ben Solomon** **4/9/08** **305-861-4035**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #