

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000040668

FILED
Feb 21, 2009
Secretary of State

Entity Name: BOSTON NATIONAL TITLE AGENCY, LLC

Current Principal Place of Business:

475 NW PRIMA VISTA BLVD.
PORT ST LUCIE, FL 34983

New Principal Place of Business:

473 NW PRIMA VISTA BLVD.
PORT ST LUCIE, FL 34983

Current Mailing Address:

475 NW PRIMA VISTA BLVD.
PORT ST LUCIE, FL 34983

New Mailing Address:

473 NW PRIMA VISTA BLVD.
PORT ST LUCIE, FL 34983

FEI Number: 20-4860829

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KERATSIS, JOHN
475 NW PRIMA VISTA BLVD
PORT ST LUCIE, FL 34983 US

Name and Address of New Registered Agent:

KERATSIS, JOHN
473 NW PRIMA VISTA BLVD
PORT ST LUCIE, FL 34983 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:

02/21/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KERATSIS, JOHN
Address: 475 NW PRIMA VISTA BLVD
City-St-Zip: PORT ST LUCIE, FL 34983 US

Title: MGRM () Delete
Name: KAIMAN, MARK
Address: 417 5TH AVE. 9TH FLOOR
City-St-Zip: NEW YORK, NY 10016

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KERATSIS, JOHN
Address: 473 NW PRIMA VISTA BLVD
City-St-Zip: PORT ST LUCIE, FL 34983 US

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

I hereby certify that the information supplied with this filing does not qualify 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: JOHN KERATSIS

MGR

02/21/2009

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