

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000000864

Entity Name: ILS TITLE AGENCY, LLC

FILED
Jan 19, 2007
Secretary of State

Current Principal Place of Business:

C/O INTEGRATED LOAN SERVICES, INC.
31 INWOOD RD.
ROCKY HILL, CT 06067

New Principal Place of Business:

C/O FISERV LENDING SOLUTIONS
31 INWOOD RD.
ROCKY HILL, CT 06067

Current Mailing Address:

C/O INTEGRATED LOAN SERVICES, INC.
31 INWOOD RD.
ROCKY HILL, CT 06067

New Mailing Address:

C/O FISERV LENDING SOLUTIONS
31 INWOOD RD.
ROCKY HILL, CT 06067

FEI Number: 59-3720558

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: HOWLETT III, LESLIE J
Address: 31 INWOOD RD
City-St-Zip: ROCKY HILL, CT 06067

ADDITIONS/CHANGES:

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

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: LESLIE J. HOWLETT III

MGRM

01/19/2007

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