

# 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