


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90298 044 ****50.00

DOCUMENT # M03000003043 1. Entity Name EQUITITLE, LLC					
Principal Place of Business 1118 CAMPUS DR. WEST MORGANVILLE, NJ 07751			Mailing Address 1118 CAMPUS DR. WEST MORGANVILLE, NJ 07751		
2. Principal Place of Business 2400 EAST COMMERCIAL BLVD		3. Mailing Address Suite, Apt. #, etc. SUITE # 723 City & State FORT LAUDERDALE, FL Zip 33308			
Suite, Apt. #, etc. SUITE # 723 City & State FORT LAUDERDALE, FL Zip 33308		Suite, Apt. #, etc. City & State Zip Country		03072006 Chg-LLC CR2E083 (11/05) 4. FEI Number 41-2063088 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent FINKELSTEIN, MICHAEL 5975 N. FEDERAL HWY FORT LAUDERDALE, FL 33308	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOMERER, DOROTHY 1118 CAMPUS DR. WEST MORGANVILLE, NJ 07751	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FINKELSTEIN, MARCIA 1118 CAMPUS DR. WEST MORGANVILLE, NJ 07751	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FINKELSTEIN, MARCIA 1118 CAMPUS DR. WEST MORGANVILLE, NJ 07751	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FINKELSTEIN, MARCIA 1118 CAMPUS DR. WEST MORGANVILLE, NJ 07751	<input type="checkbox"/> Delete			
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: <i>Dorothy Gomer</i>		3/8/06 (732) 972-1820			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #			