

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000002455

FILED
Feb 28, 2007
Secretary of State

Entity Name: WEICHERT TITLE SERVICES, LLC

Current Principal Place of Business:

2 VETERANS SQ.
MEDIA, PA 19063

New Principal Place of Business:

Current Mailing Address:

2 VETERANS SQ.
MEDIA, PA 19063

New Mailing Address:

FEI Number: 56-2577477

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: THE ALLIANCE, LTD,
Address: 2 VETERANS SQ.
City-St-Zip: MEDIA, PA 19063

Title: MGRM () Delete
Name: WEICHERT TITLE AGENC, Y OF NEW YORK, LLC
Address: 225 LITTLETON RD
City-St-Zip: MORRIS PLAINS, NJ 07950

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: WEICHERT TITLE AGENC, Y OF DELAWARE, LLC
Address: 225 LITTLETON RD
City-St-Zip: MORRIS PLAINS, NJ 07950

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: AMY EHNES

POA

02/28/2007

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