

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000001152**

1. Entity Name

CU TITLE OF PALM BEACH, LLC



Principal Place of Business

14000 MILITARY TRAIL  
STE 108  
DELRAY BEACH, FL 33484-2600

Mailing Address

14000 MILITARY TRAIL  
STE 108  
DELRAY BEACH, FL 33484-2600



02272006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0968237

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GARLAND, MARVIN M  
3773 COMMON WEALTH BLVD  
TALLAHASSEE, FL 32303

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME TRIMMIE, STEVE  
STREET ADDRESS 3773 COMMON WEALTH BLVD  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE MGR  
NAME HOOD, GUY M  
STREET ADDRESS 3773 COMMON WEALTH BLVD  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE MGR  
NAME GARLAND, MARVIN M  
STREET ADDRESS 3773 COMMON WEALTH BLVD  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

1000000466902  
03/23/06 00028-020 50.00

**DO NOT WRITE  
IN THIS SPACE**

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 606, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #