2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# L00000003175

Entity Name: ALLIANCE TITLE OF BREVARD, L.L.C.

Current Principal Place of Business:

730 E STRAWBRIDGE AVE
STE 100
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

730 E STRAWBRIDGE AVE
STE 100
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 59-3632472 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEALS, ROBERT L
730 E STRWABRIDGE AVENUE
STE 100
MELBOURNE, FL 32901 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/MEMBERS:

Title:	MGRM	( ) Delete
Name:	THE ALLIANCE OF BREV, ARD INC.	
Address:	730 E STRAWBRIDGE AVENUE STE 100	
City-St-Zip:	MELBOURNE, FL 32901	
Title:	MGRM	( ) Delete
Name:	MATARAZZO, PATRICIA	
Address:	730 E STRAWBRIDGE AVENUE STE 100	
City-St-Zip:	MELBOURNE, FL 32901	
Title:	MGRM	( ) Delete
Name:	CASSELLA, LIZABETH	
Address:	730 E STRAWBRIDGE AVENUE STE 100	
City-St-Zip:	MELBOURNE, FL 32901	
Title:	MGRM	( ) Delete
Name:	SPRAGINS, MICHAEL W	
Address:	730 E STRAWBRIDGE AVENUE STE 100	
City-St-Zip:	MELBOURNE, FL 32901	
Title:	MGRM	( ) Delete
Name:	BEALS, ROBERT L	
Address:	730 E STRAWBRIDGE AVENUE STE 100	
City-St-Zip:	MELBOURNE, FL 32901	
Title:	MGRM	( ) Delete
Name:	SPRAGINS, STEPHEN H	
Address:	730 E STRAWBRIDGE AVENUE STE 100	
City-St-Zip:	MELBOURNE, FL 32901	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 Section 119.07(3)(i), 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: LIZ CASSELLA MM 04/29/2005

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