## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L00000003175

MELBOURNE, FL 32901

City-St-Zip:

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

FILED Apr 10, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 730 E STRAWBRIDGE AVE STE 100 MELBOURNE, FL 32901 **New Mailing Address: Current Mailing Address:** 730 E STRAWBRIDGE AVE STE 100 MELBOURNE, FL 32901 FEI Number: 59-3632472 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BEALS, ROBERT L CASSELLA, LIZABETH A 730 E ŚTRWABRIDGE AVENUE 730 E STRAWBRIDGE AVENUE STE 100 STE 100 MELBOURNE, FL 32901 US MELBOURNE, FL 32901 US 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: LIZABETH CASSELLA 04/10/2006 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition MGRM () Delete THE ALLIANCE OF BREV, ARD INC. Name: Name: 730 E STRAWBRIDGE AVENUE STE 100 Address: Address: City-St-Zip: MELBOURNE, FL 32901 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition MATARAZZO, PATRICIA Name: Name: Address: 730 E STRAWBRIDGE AVENUE STE 100 Address: City-St-Zip: MELBOURNE, FL 32901 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition CASSELLA, LIZABETH Name: Name: 730 E STRAWBRIDGE AVENUE STE 100 Address: Address: City-St-Zip: MELBOURNE, FL 32901 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition SPRAGINS, MICHAEL W Name: Name: Address: 730 E STRAWBRIDGE AVENUE STE 100 Address: City-St-Zip: MELBOURNE, FL 32901 City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition BEALS, ROBERT L SPRAGINS, STEPHEN H Name: Name: 730 E STRAWBRIDGE AVENUE STE 100 730 E STRAWBRIDGE AVENUE STE 100 Address: Address: City-St-Zip: MELBOURNE, FL 32901 City-St-Zip: MELBOURNE, FL 32901 Title: (X) Delete Title: () Change () Addition SPRAGINS STEPHEN H Name: Name: Address: 730 E STRAWBRIDGE AVENUE STE 100 Address:

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.

City-St-Zip:

SIGNATURE: LIZABETH CASSELLA P 04/10/2006