

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000007323**

1. Entity Name  
CITY TITLE, L.L.C.



Principal Place of Business  
580 VILLAGE BOULEVARD, SUITE 150  
WEST PALM BEACH, FL 33409

Mailing Address  
580 VILLAGE BOULEVARD, SUITE 150  
WEST PALM BEACH, FL 33409



01102006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1017985

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MCCABE, TIMOTHY  
580 VILLAGE BOULEVARD, SUITE 150  
WEST PALM BEACH, FL 33409

**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	MCCABE, TIMOTHY
STREET ADDRESS	2135 S. CONGRESS AVE., #3C
CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	MGR
NAME	SAMILJAN, STEVEN
STREET ADDRESS	2135 S. CONGRESS AVE., #3C
CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	MGR
NAME	BERRY, CHERYL
STREET ADDRESS	580 VILLAGE BOULEVARD, SUITE 150
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000393379  
01/25/06-80019-002 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 608, Florida Statutes.

SIGNATURE: