


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**Jul 2'
Se**

DOCUMENT # L00000007323 1. Entity Name CITY TITLE, L.L.C.	
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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
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07022007 No 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 <input type="checkbox"/> \$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

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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 _____	<small>Signature, typed or printed name of registered agent and title if applicable</small> <small>(NOTE: Registered Agent Signature required when reinstating)</small>	DATE _____
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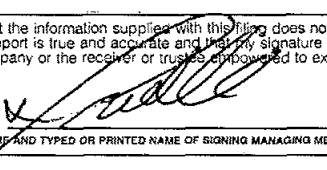
**Filing Fee is \$50.00
Due by September 14, 2007**

100000770721
 07/27/07-80004-008 50.00

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	

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: 	Date: <u>7/23/07</u> Daytime Phone: <u>(561) 969-3344</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	