2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2008
Secretary of State

DOCUMENT# L00000007323

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-1017985 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Title:	MGR	( ) Delete
Name:	MCCABE, TIMOTHY	
Address:	2135 S. CONGRESS AVE., #3C	
City-St-Zip:	WEST PALM BEACH, FL 33406	
Title:	MGR	( ) Delete
Name:	SAMILJAN, STEVEN	
Address:	2135 S. CONGRESS AVE., #3C	
City-St-Zip:	WEST PALM BEACH, FL 33406	
Title:	MGR	( ) Delete
Name:	BERRY, CHERYL	
Address:	580 VILLAGE BOULEVARD, SUITE 150	
City-St-Zip:	WEST PALM BEACH, FL 33409	

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:	

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: CHERYL BERRY MGR 04/08/2008

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