## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L00000007323

BERRY, CHERYL

580 VILLAGE BOULEVARD, SUITE 150

WEST PALM BEACH, FL 33409

Name:

Address:

City-St-Zip:

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

FILED Apr 16, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 580 VILLAGE BOULEVARD, SUITE 150 WEST PALM BEACH, FL 33409 **Current Mailing Address: New Mailing Address:** 580 VILLAGE BOULEVARD, SUITE 150 WEST PALM BEACH, FL 33409 FEI Number: 65-1017985 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: MCCABE, TIMOTHY 580 VILLÁGE BOULEVARD, SUITE 150 WEST PALM BEACH, FL 33409 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete MCCABE, TIMOTHY Name: Name: Address: 2135 S. CONGRESS AVE., #3C Address: City-St-Zip: WEST PALM BEACH, FL 33406 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: SAMILJAN, STEVEN Name: Address: 2135 S. CONGRESS AVE., #3C Address: City-St-Zip: WEST PALM BEACH, FL 33406 City-St-Zip: Title: MGR () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: CHERYL BERRY MRS. 04/16/2009