


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90086 023 ****50.00

| | |
|---|---|
| DOCUMENT # L00000014433 1. Entity Name EXECUTIVE TITLE, L.L.C. |  |
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|--|--|
| Principal Place of Business 20803 BISCAYNE BOULEVARD, SUITE 200 AVENTURA, FL 33180 | Mailing Address 20803 BISCAYNE BOULEVARD, SUITE 200 AVENTURA, FL 33180 |
|--|--|



01092007 No Chg-LLC

CR2E083 (11/05)

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| 4. FEI Number 65-1059297 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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|---|
| 6. Name and Address of Current Registered Agent DAVID, ALAN 20803 BISCAYNE BOULEVARD, SUITE 200 AVENTURA, FL 33180 |
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**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.

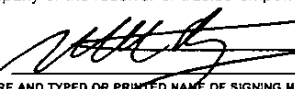
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BEDZOW, MICHAEL 20803 BISCAYNE BOULEVARD, SUITE 200 AVENTURA, FL 33180 |
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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____