

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000000668

**FILED**  
**Feb 14, 2006**  
**Secretary of State**

**Entity Name:** FLORIDA TITLE & TRUST, LLC

**Current Principal Place of Business:**

825 SOUTH US HIGHWAY ONE, SUITE 240  
JUPITER, FL 33477

**New Principal Place of Business:**

500 UNIVERSITY BOULEVARD  
218  
JUPITER, FL 33458

**Current Mailing Address:**

825 SOUTH US HIGHWAY ONE, SUITE 240  
JUPITER, FL 33477

**New Mailing Address:**

500 UNIVERSITY BOULEVARD  
218  
JUPITER, FL 33458

FEI Number: 65-1067276

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MUSKAT, JACLYN G ESQ.  
825 SOUTH US HIGHWAY ONE, SUITE 240  
JUPITER, FL 33477 US

**Name and Address of New Registered Agent:**

MUSKAT, JACLYN G ESQ.  
500 UNIVERSITY BOULEVARD  
218  
JUPITER, FL 33458 US

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: \_\_\_\_\_

02/14/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MUSKAT, JACLYN G  
Address: 825 SOUTH US HIGHWAY ONE, SUITE 240  
City-St-Zip: JUPITER, FL 33477

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MUSKAT, JACLYN G  
Address: 500 UNIVERSITY BOULEVARD, SUITE 218  
City-St-Zip: JUPITER, FL 33458

I hereby certify that the information supplied with this filing does not qualify for the 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: JACLYN G. MUSKAT

MGRM

02/14/2006

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