


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000021623

Entity Name
UNIVERSAL LAND TITLE INVESTMENT #1, L.L.C.



<small>Principal Place of Business</small> 1555 PALM BEACH LAKES BLVD. SUITE 1000 WEST PALM BEACH, FL 33401	<small>Mailing Address</small> 1555 PALM BEACH LAKES BLVD. SUITE 1000 WEST PALM BEACH, FL 33401
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01062006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0587412	Applied For Not Applicable
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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

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

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 (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
<small>TITLE</small> MGRM	<small>NAME</small> UNIVERSAL LAND TITLE INC
<small>STREET ADDRESS</small> 1555 PALM BEACH LAKES BLVD STE 1000	
<small>CITY - ST - ZIP</small> WEST PALM BEACH, FL 33401	
<small>TITLE</small> NAME	
<small>STREET ADDRESS</small> CITY - ST - ZIP	
<small>TITLE</small> NAME	
<small>STREET ADDRESS</small> CITY - ST - ZIP	
<small>TITLE</small> NAME	
<small>STREET ADDRESS</small> CITY - ST - ZIP	
<small>TITLE</small> NAME	
<small>STREET ADDRESS</small> CITY - ST - ZIP	

1100000390272
 01/23/06-80020-019 50.00

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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: *Michael Glass as managing member* **1-6-06** **5616898200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #