2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2007 8:00 am Secretary of State

DOCUMENT # L02000002495 1. Entity Name FIRST RESOURCE TITLE PARTNERS, LLC						04-30-2007 9	00052 018 ****50	0.00
Principal Place of Business 1750 W. BROADWAY SUITE 110 OVIEDO, FL 32765		Mailing Address 1750 W. BROADWAY SUITE 110 OVIEDO, FL 32765			II JOHO UPK OOK OK I DZIK	ANN ANIO WAN AND AND AND A		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03192007	Chg-LLC	CR2E083 (12/06)		
City & State		City & State		4. FEI Numb			oplied For ot Applicable	
Zip	Country	Zip	Country			of Status Desired	□ \$5.00 Add Fee Require	
	6. Name and Address of Current I	Registered Agent .		Name	7. Name an	d Address of New Re	gistered Agent	
KAYTON, MARK J				ANITA C. Dana				
2250 LUCI 200	EN WAY			Street Addr		er is Not Acceptable)		200
MAITLANE	D, FL 32751							
			City M	AITIANT	•	FL Zip Cod		
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistere		``````			
SIGNATURE	Signature, typed or printed name of registered agent a	ind title if applicable (NOTE I	Registered	d Agent signature re	equired when reinstating)		DATE	·····
Filing Fee is \$50.00 Due by May 1, 2007								
Fi D	iling Fee is \$50.00 ue by May 1, 2007						check payable to Department of State	e
9.	iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBE	RS/MANAGERS	10.				Department of State	e
9.	MANAGING MEMBE	RS/MANAGERS Delete	TITLE	1		Florida	Department of State	e Addition
9. IIILE NAME	MANAGING MEMBER MGRM KAYTON, MARK J		TITLE	E		Florida	Department of State	
9.	MANAGING MEMBE MGRM KAYTON, MARK J 2250 LUCIEN WAY #200		TITLE NAME STREE	1		Florida	Department of State	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM KAYTON, MARK J	Delete	TITLE NAME STREE CITY-	E ET ADDRESS -ST-ZIP		Florida	Department of State CHANGES Change	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBEI MGRM KAYTON, MARK J 2250 LUCIEN WAY #200 MAITLAND, FL 32751		TITLE NAME STREE	E ET ADDRESS -ST-ZIP		Florida	Department of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBEI MGRM KAYTON, MARK J 2250 LUCIEN WAY #200 MAITLAND, FL 32751 MGR DANA, ANITA 2250 LUCIEN WAY, STE. 200	Delete	TITLE NAME STREI CITY- TITLE NAME STREI	E ET ADDRESS S-ST-ZIP		Florida	Department of State CHANGES Change	☐ Addition
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1. 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: AND TYPED OF PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04-25-07 407-660-1717
Date Dayture Phone #