
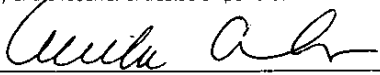


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90024 028 ***138.75

DOCUMENT # L02000002495 1. Entity Name FIRST RESOURCE TITLE PARTNERS, LLC					
Principal Place of Business 1750 W. BROADWAY SUITE 110 OVIEDO, FL 32765			Mailing Address 1750 W. BROADWAY SUITE 110 OVIEDO, FL 32765		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2250 Lucien Way			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. Ste 200			
City & State 		City & State MAITLAND FL		4. FEI Number 03-0390732	
Zip 		Zip 32751		Country USA	
6. Name and Address of Current Registered Agent DANA, ANITA C 2250 LUCIEN WAY 200 MAITLAND, FL 32751				7. Name and Address of New Registered Agent Name DAVID KAYTON Street Address (P.O. Box Number is Not Acceptable) 2128 N. BAY ROAD City Miami Beach FL Zip Code 33140	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DANA, ANITA 2250 LUCIEN WAY, STE. 200 MAITLAND, FL 32751	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVID KAYTON 2128 N. BAY Rd. Miami Beach, FL 33140	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			4/21/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		