


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90150 011 \*\*\*\*50.00

<b>DOCUMENT # L02000015743</b>					
<b>1. Entity Name</b> <b>MASTERS TITLE GROUP, LLC</b>					
<b>Principal Place of Business</b> 12620 WORLD PLAZA LANE, BLDG. 60, STE. 3 FORT MYERS, FL 33907			<b>Mailing Address</b> 12620 WORLD PLAZA LANE, BLDG. 60, STE. 3 FORT MYERS, FL 33907		
<b>2. Principal Place of Business</b> <i>9001 Highland Wood Blvd</i>		<b>3. Mailing Address</b> <i>8695 College Pkwy</i>			
Suite, Apt. #, etc. <i>Ste 2</i>		Suite, Apt. #, etc. <i>Ste 260</i>			
City & State <i>Bonita Springs FL</i>		City & State <i>Ft Myers FL</i>		<b>4. FEI Number</b> <b>32-0035756</b>	
Zip <i>34135</i>		Zip <i>33919</i>		Country <i>USA</i>	
Country <i>USA</i>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> PINNACLE TITLE COMPANY, INC. 12620 WORLD PLAZA LANE, BLDG. 60, STE. 3 FORT MYERS, FL 33907			<b>7. Name and Address of New Registered Agent</b>		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			<i>8695 College Pkwy Ste 260</i>		
			City <i>Ft Myers</i> <b>FL</b> Zip Code <i>33919</i>		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PINNACLE TITLE COMPANY, INC. 12620 WORLD PLAZA LANE, BLDG. 60, STE. 3 FORT MYERS, FL 33907		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>8695 College Parkway Ste 260</i> <i>Fort Myers, FL 33919</i>	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Subash K. S.</i>			<i>1-24-6 239-277-5677</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		