


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

01-30-2006 90150 008 ****50.00

DOCUMENT # L02000021098

1. Entity Name
FIRST CHOICE TITLE GROUP, LLC



Principal Place of Business
**12620 WORLD PLAZA LANE, BLDG. 60, STE. 3
 FORT MYERS, FL 33907**

Mailing Address
**12620 WORLD PLAZA LANE, BLDG. 60, STE. 3
 FORT MYERS, FL 33907**



2. Principal Place of Business
13550 Reflections Pkwy

3. Mailing Address
8695 College Pkwy

Suite, Apt. #, etc.
Ste 5-501 Suite, Apt. #, etc.
Ste 260

01132006 Chg-LLC CR2E083 (11/05)

City & State
Ft Myers FL

City & State
Ft Myers FL

Zip
33907 Country
USA

Zip
33919 Country
USA

4. FEI Number
03-0481179

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**PINNACLE TITLE COMPANY, INC.
 12620 WORLD PLAZA LANE, BLDG. 60, STE. 3
 FORT MYERS, FL 33907**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
8695 College Pkwy Ste 260

City **Ft Myers** State **FL** Zip Code **33919**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PINNACLE TITLE COMPANY, INC. 12620 WORLD PLAZA LANE, BLDG. 60, STE. 3 FORT MYERS, FL 33907	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8695 College Parkway Ste 260 Fort Myers, FL 33919
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *Arbach Snow* Date: 1-24-6 Daytime Phone #: 239-277-5677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE