


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90028 017 \*\*\*\*50.00

<b>DOCUMENT # L03000011454</b>			
1. Entity Name <b>BLATTNER TITLE, LLC</b>			
Principal Place of Business <b>100 SOUTH PINE ISLAND RD #134 FORT LAUDERDALE, FL 33324 US</b>		Mailing Address <b>100 SOUTH PINE ISLAND RD #134 FORT LAUDERDALE, FL 33324 US</b>	
2. Principal Place of Business <b>100 South Pine Island Road</b>		3. Mailing Address <b>100 South Pine Island Road</b>	
Suite, Apt. #, etc. <b>134</b>		Suite, Apt. #, etc. <b>134</b>	
City & State <b>Plantation, FL</b>		City & State <b>Plantation, FL</b>	
Zip <b>33324</b>	Country <b>USA</b>	Zip <b>33324</b>	Country <b>USA</b>



01042006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>65-1181570</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>BLATTNER, DAVID K 100 SOUTH PINE ISLAND RD STE 134 FORT LAUDERDALE, FL 33324</b>		7. Name and Address of New Registered Agent Name <b>David K. Blattner</b> Street Address (P.O. Box Number is Not Acceptable) <b>100 South Pine Island Road</b> Suite <b>134</b> City <b>Plantation</b> <b>FL</b> Zip Code <b>33324</b>	
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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 **04-17-06**  
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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BLATTNER, DAVID K 100 SOUTH PINE ISLAND RD #134 PLANTATION, FL 33324</b> <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
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:** 

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

Date

Daytime Phone #