## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L03000013387

1. Entity Name EASTERN TITLE COMPANY, LLC



Mar 03, 2006 08:00 AM Secretary of State

Principal Place of Business

7108 FAIRWAY DR., STE. 225 PALM BEACH GARDENS, FL 33418 Mailing Address

7108 FAIRWAY DR., STE. 225 PALM BEACH GARDENS, FL. 33418



**FILED** 

DO NOT WRITE IN THIS SPACE

01102006 No Chg-LLC CR2E083 (11/05)

4. FEI Number | Applied For | 14-1878993 | Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WORTMAN, SCOTT ESQ 7108 FAIRWAY DR., STE. 225 PALM BEACH GARDENS, FL 33418 DO NOT WRITE IN THIS SPACE

PALM BEACH GARDENS, FL 334	18	IN THIS SPACE
<ol> <li>The above named entity submits this state the obligations of registered agent.</li> </ol>	ement for the purpose of cha-	nging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
Signature. Synet or printed name of registr	ned agent and (tile if applicable	[NOTE Registered Agent signature required when reinstating) OATE
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING	MEMBERS/MANAGERS	
DILE MGR NAME PINEIRO WORTMAN & B STRELL ADDRESS 7108 FAIRWAY DR., STE CITY-ST-ZIP PALM BEACH GARDENS	. 225	1/0//100455021 13715706-800 <b>39</b> +012 50. <b>0</b> 0
TIPLE NAME STREET ADDRESS CATY-ST-ZP		
TITLE NAME SHREELADOHESS CITY-ST-ZP		DO NOT WRITE
THE NAME STREET ADDRESS CHY-ST- 4P		IN THIS SPACE
HILE KRAME STREET ADDRESS CHY-ST-ZIP		

11. I hereby certify that the information sopplied with this fitting does not quality for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and occurate 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 this repetiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CRY-ST-ZIP

NATEO NAME OF SIGNING MANAGING MEMOER, ON AUTHORIZED REPRESENTATIVE

2/28/01

561-799-9280

Dayrime Phone #