

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014458

Entity Name: A.P. TITLE SERVICES, LLC

FILED
Mar 31, 2005
Secretary of State

Current Principal Place of Business:

5805 BLUE LAGOON DRIVE, SUITE 110
MIAMI, FL 33126

New Principal Place of Business:

10631 SW 88 ST
MIAMI, FL 33176

Current Mailing Address:

5805 BLUE LAGOON DRIVE, SUITE 110
MIAMI, FL 33126

New Mailing Address:

10631 SW 88 ST
MIAMI, FL 33176

FEI Number: 81-0608714

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERRER, ENRIQUE
5805 BLUE LAGOON DRIVE, SUITE 110
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

FERRER, ENRIQUE
10631 SW 88 ST
MIAMI, FL 33176 US

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.

SIGNATURE:

03/31/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: JACEN GROUP, LLC,
Address: 5805 BLUE LAGOON DRIVE, SUITE 110
City-St-Zip: MIAMI, FL 33126

Title: MGRM (X) Delete
Name: LOMAR GROUP, LLC,
Address: 5805 BLUE LAGOON DRIVE, SUITE 480
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JACEN GROUP, LLC,
Address: 10631 SW 88 ST
City-St-Zip: MIAMI, FL 33176

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ENRIQUE FERRER

MGRM

03/31/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date