

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 23, 2006 8:00 am
Secretary of State

06-23-2006 90270 001 ***100.00

DOCUMENT # L03000014849					
1. Entity Name PROPERTY TITLE RESEARCH, LLC					
Principal Place of Business 1900 W. COMMERCIAL BLVD STE 112 FT. LAUDERDALE, FL 33309			Mailing Address P.O. BOX 190194 FT. LAUDERDALE, FL 33319		
2. Principal Place of Business 5300 NW 33 AVENUE Suite, Apt. #, etc. 205 City & State FT. LAUDERDALE FL Zip 33309 Country U.S.A.			3. Mailing Address SAME Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 05-0566846		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ISAAC, STANLEY 1900 W. COMMERCIAL BLVD STE 112 FT. LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5300 NW 33 AVENUE, STE 205 City FT. LAUDERDALE FL Zip Code 33309		
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 <u>Stanley Isaac</u> STANLEY ISAAC 4/28/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	MGR ISAAC, STANLEY PRESIDE 3540 NW 50TH AVENUE N302 LAUDERDALE LAKES, FL 33319	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ISAAC, JOANNE C SECY 3540 NW 50TH AVENUE N302 LAUDERDALE LAKES, FL 33319	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ISAAC, SAXTON VP 4012 NW 5TH AVENUE FT. LAUDERDALE, FL 33309	<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			
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 <u>Stanley Isaac</u> 4/28/06 854 717 4334 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		

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