## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

### **DOCUMENT # L03000019774**

1. Entity Name

M & M TITLE SERVICES OF FLORIDA, LLC



FILED
May 01, 2006 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

101 GATEWAY CENTRE PARKWAY, GATEWAY ONE RICHMOND, VA 23235

101 GATEWAY CENTRE PARKWAY, GATEWAY ONE RICHMOND, VA 23235



04272006 No Chg-LLC

GR2E083 (11/05)

4. FEI Number 11-3691305 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fea Regulred

5. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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<ol><li>The above named entity submits this statement for the purpose of chit the obligations of registered agent.</li></ol>	anging its registered office or registered agent, or	both, in the State of Florida. I am familiar with, and accept
SIGNATURE Speakers, typed or printed name of registered apent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE

#### Filing Fee Is \$50.00 Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS	
TITLE HAME STREET ADDRESS C(TY-ST-ZIP	MGRM USA TITLE AFFILIATES, INC. 101 GATEWAY CENTRE PKWY., GATEWAY ONE RICHMOND, VA 29295	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM INTEGRITY TITLE SERVICES, INC. 26250 EUCLID AVE., SUITE 811 EUCLID, OH 44132	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-SI-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-

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11. I hereby certify that the information supplied with this filing 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 accurate and that my eignature shall have the same legal effect as if made under path; 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 TOPE IN TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATI

4-28-06

804 267 8697

Daytime शिकाङ त