

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90201 044 ****50.00

DOCUMENT # L03000022765 1. Entity Name SPECIALIST TITLE AND ESCROW, L.L.C.					
Principal Place of Business 4660 WEST HILLSBORO BLVD. COCONUT CREEK, FL 33073 US			Mailing Address 4660 WEST HILLSBORO BLVD. COCONUT CREEK, FL 33073 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LEWIS, RONALD 2500 NO. MILITARY TRAIL SUITE 465 BOCA RATON, FL 33431				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <div style="float: right; text-align: right;"> Jan 26/2005 <small>DATE</small> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> Filing Fee is \$50.00 Due by May 1, 2005 </div> <div style="width: 40%;"></div> <div style="width: 30%; text-align: right;"> Make check payable to Florida Department of State </div> </div>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEWIS, RONALD ESQ. 2500 NO. MILITARY TRAIL SUITE 465 BOCA RATON, FL 33431	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER ERICA COHEN 4311 NW 51 ST COCONUT CREEK FL 33073	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
11. I hereby certify that the information supplied with this filing does not qualify 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 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: <div style="float: right; text-align: right;"> RONALD B. LEWIS 01/26/05 561 750 7600 <small>Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #</small> </div>					