

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90059 016 \*\*\*\*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**

**20000829**



01102006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**90-0114717**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**LEWIS, RONALD  
2500 NO. MILITARY TRAIL  
SUITE 465  
BOCA RATON, FL 33431**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
LEWIS, RONALD ESQ.  
2500 NO. MILITARY TRAIL SUITE 465  
BOCA RATON, FL 33431**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
COHEN, ERICKA  
4371 NW 51 ST  
COCONUT CHREEK, FL 33073**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**RONALD B. LEWIS MGR MGR**

**01/17/06**

**561 750 7600**