2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030831

Address:

City-St-Zip:

1597 SE PORT ST LUCIE BLVD

PORT ST LUCIE, FL 34952

Entity Name: SUNSHINE STATE TITLE, LLC

FILED Jan 25, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 10766 S. US HIGHWAY 1 2361 SE SEAFURY LANE PORT ST LUCIE, FL 34952 PORT ST LUCIE, FL 34952 **Current Mailing Address: New Mailing Address:** 10766 S. US HIGHWAY 1 2361 SE SEAFURY LANE PORT ST LUCIE, FL 34952 PORT ST LUCIE, FL 34952 FEI Number: 75-3128019 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHREIER, DAVID 1597 SE PÓRT ST LUCIE BLVD PORT ST LUCIE, FL 34952 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete LSDS, LLC, Name: Name: Address: 1597 SE PORT ST LUCIE BLVD Address: City-St-Zip: PORT ST LUCIE, FL 34952 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: DBMABM, LLC, Name: Address: 1597 SE PORT ST LUCIE BLVD Address: City-St-Zip: PORT ST LUCIE, FL 34952 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition EMS LLC, Name: Name: 1597 SE PORT ST LUCIE BLVD Address: Address: City-St-Zip: PORT ST LUCIE, FL 34952 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: HERRMANN, GERALD F Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

Address:

City-St-Zip:

SIGNATURE: GERALD F. HERRMANN MGRM 01/25/2007