


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90170 019 ****50.00

DOCUMENT # L03000036513 1. Entity Name KAYAK-TITLE, LLC Price Real Estate Closing Services, LLC					
Principal Place of Business 1907 ATLANTIC BLVD. JACKSONVILLE, FL 32207			Mailing Address 1907 ATLANTIC BLVD. JACKSONVILLE, FL 32207		
2. Principal Place of Business 		3. Mailing Address 			
Suite, Apt. #, etc. Suite 2		Suite, Apt. #, etc. Suite 2			
City & State 		City & State 			
Zip 		Zip 		Country 	
4. FEI Number 56-2405429					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent PRICE, MICHAEL S P.A. Suite 2 1907 ATLANTIC BLVD. JACKSONVILLE, FL 32207					
7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
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	MGRM PRICE, MICHAEL S 1905 ATLANTIC BOULEVARD, Suite 2 JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
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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>Michael S. Price</u> <u>Michael S. Price</u> <u>2/8/06</u> <u>(904)396-5225</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date					
Daytime Phone #					