

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000037374</b> <small>1. Entity Name</small> <b>FIRST RESOURCE TITLE PARTNERS OF AMERICA, LLC</b>					
<small>Principal Place of Business</small> <b>2250 LUCIEN WAY, STE. 200</b> <b>MAITLAND, FL 32751</b>			<small>Mailing Address</small> <b>2250 LUCIEN WAY, STE. 200</b> <b>MAITLAND, FL 32751</b>		
<small>2. Principal Place of Business</small> Suite, Apt. #, etc.			<small>3. Mailing Address</small> Suite, Apt. #, etc.		
<small>City &amp; State</small>			<small>City &amp; State</small>		
<small>Zip</small>		<small>Country</small>		<small>Zip</small>	
<small>Country</small>		<small>Country</small>		03212006    Chg-LLC    CR2E083 (11/05)	
<small>4. FEI Number</small> <b>04-3779875</b>				<small>Applied For</small> <input type="checkbox"/> Not Applicable	
<small>5. Certificate of Status Desired</small> <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
<small>6. Name and Address of Current Registered Agent</small>  <b>DANA, ANITA</b> <b>2250 LUCIEN WAY, STE. 200</b> <b>MAITLAND, FL 32751</b>			<small>7. Name and Address of New Registered Agent</small> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<small>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.</small>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<small>9. MANAGING MEMBERS/MANAGERS</small>			<small>10. ADDITIONS/CHANGES</small>		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<small>MGR</small> <b>DANA, ANITA</b> <b>2250 LUCIEN WAY, STE. 200</b> <b>MAITLAND, FL 32751</b>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U00000497142</b> <b>04/22/06-80042-013 50.00</b>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<small>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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.</small>					
<b>SIGNATURE:</b> <i>Anita C. h</i>			3/29/06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small>		
			<small>Daytime Phone #</small>		