

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000040244**

**1. Entity Name**  
**SERVICE FIRST TITLE, LLC**



**Principal Place of Business**  
1919 N STATE RD 7 #204  
MARGATE, FL 33063

**Mailing Address**  
1919 N STATE RD 7 #204  
MARGATE, FL 33063



02162006No Chg-LLC

CR2E083 (11/05)

**4. FEI Number**  
54-2129303

**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**

K&M HOLDINGS, LLC  
1919 NORTH STATE ROAD 7 SR. 204  
MARGATE, FL 33063

**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 reappointing)*

**DATE**

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
NAME  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
MGRM  
LUPTON, MATTHEW C  
1919 N. STATE RD. 7, SUITE 204  
MARGATE, FL 33063

**TITLE**  
NAME  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
NAME  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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NAME  
**STREET ADDRESS**  
**CITY-ST-ZIP**

U00000496369  
04/22/06-80011-008 50.00

**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*

4/13/06

951/818 9382