

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000041850

1. Entity Name

CONSUMERS TITLE SERVICES, LLC



Principal Place of Business

3300 UNIVERSITY DRIVE, SUITE 901
CORAL SPRINGS, FL 33065

Mailing Address

3300 UNIVERSITY DRIVE, SUITE 901
CORAL SPRINGS, FL 33065



02032005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0344160

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PONNOCK, ANDREW
3300 UNIVERSITY DRIVE, SUITE 901
CORAL SPRINGS, FL 33065

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PONNOCK, ANDREW
STREET ADDRESS	3300 UNIVERSITY DR # 901
CITY- ST- ZIP	CORAL SPRINGS, FL 33065

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02/10/05-80079-017 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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

Ceto

Daytime Phone #