


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90041 046 \*\*\*\*50.00

<b>DOCUMENT # L03000044631</b>			
<b>1. Entity Name</b> ASSURANCE TITLE, LLC			
<b>Principal Place of Business</b> 4700 N.W. 2ND AVENUE, SUITE B201 BOCA RATON, FL 33431		<b>Mailing Address</b> 4700 N.W. 2ND AVENUE, SUITE B201 BOCA RATON, FL 33431	
<b>2. Principal Place of Business - No P.O. Box #</b> 4700 NW Boca Raton Blvd Suite, Apt. #, etc. #201		<b>3. Mailing Address</b> 4700 NW Boca Raton Blvd Suite, Apt. #, etc. #201	
<b>City &amp; State</b> Boca Raton, FL Zip 33431		<b>City &amp; State</b> Boca Raton, FL Zip 33431	
<b>Country</b> USA		<b>Country</b> USA	
<b>6. Name and Address of Current Registered Agent</b> DYE, CHARLES B 4700 N.W. 2ND AVENUE, SUITE B201 BOCA RATON, FL 33431		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 4700 NW Boca Raton Blvd Ste. 201 City Boca Raton, FL Zip Code 33431	
<b>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.</b>			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHWARTZ, ROBERT D 4700 N.W. 2ND AVENUE, SUITE B201 BOCA RATON, FL 33431	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2240 Woolbright Rd. #411 Boynton Beach, FL 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Frances DaSilva 4700 NW Boca Raton Blvd #201 Boca Raton, FL 33431	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Frances DaSilva 4700 NW Boca Raton Blvd #201 Boca Raton, FL 33431
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<b>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.</b>			
<b>SIGNATURE:</b> _____		Date: 4/23/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone # 561-997 9850	