2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 03, 2006
Secretary of State

DOCUMENT# L03000048884

Entity Name: A.M. TITLE INSURANCE SERVICES, LLC

Current Principal Place of Business:

7490 SW 23 ST.
SUITE 202
MIAMI, FL 33155 US

New Principal Place of Business:

Current Mailing Address:

7490 SW 23 ST.
SUITE 202
MIAMI, FL 33155 US

New Mailing Address:

FEI Number: 77-0618744 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RODRIGUEZ, OBDULIA
14085 S.W. 104 CT
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: LEON, MAUREEN E
Address: 13320 S.W. 110 AVENUE
City-St-Zip: MIAMI, FL 33176 US

Title: MGRM ( ) Delete
Name: RODRIGUEZ, OBDULIA
Address: 14085 S.W. 104 CT.
City-St-Zip: MIAMI, FL 33176 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MAUREEN LEON MGRM 01/03/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date