

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000001237**

1. Entity Name  
**CMG TITLE SERVICES, LLC**



Principal Place of Business  
**951 BROKEN SOUND PARKWAY NW  
SUITE 140  
BOCA RATON, FL 33487**

Mailing Address  
**951 BROKEN SOUND PARKWAY NW  
SUITE 140  
BOCA RATON, FL 33487**



03102006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**81-0640595**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BENES, EDGAR A  
951 BROKEN SOUND PARKWAY NW  
SUITE 140  
BOCA RATON, FL 33487**

**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, 2006**

9. **MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	BENES, EDGAR A
STREET ADDRESS	951 BROKEN SOUND PARKWAY NW, SUITE 140
CITY- ST- ZIP	BOCA RATON, FL 33487
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000003468785  
03/13/06 00004-017 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

Date

Daytime Phone #