

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90141 008 \*\*\*\*50.00

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<b>DOCUMENT # L04000001237</b> 1. Entity Name <b>CMG TITLE SERVICES, LLC</b>					
Principal Place of Business <b>951 BROKEN SOUND PARKWAY NW SUITE 140 BOCA RATON, FL 33487</b>			Mailing Address <b>951 BROKEN SOUND PARKWAY NW SUITE 140 BOCA RATON, FL 33487</b>		
2. Principal Place of Business - No P.O. Box # <b>2300 NW Corporate Blvd.</b> Suite, Apt. #, etc. <b>Suite 222</b> City & State <b>Boca Raton, FL</b> Zip <b>33431</b>		3. Mailing Address <b>2300 NW Corporate Blvd.</b> Suite, Apt. #, etc. <b>222</b> City & State <b>Boca Raton, FL</b> Zip <b>33431</b>		02062007    Chg-LLC    CR2E083 (12/06)	
4. FEI Number <b>81-0640595</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>BENES, EDGAR A 951 BROKEN SOUND PARKWAY NW SUITE 140 BOCA RATON, FL 33487</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2300 NW Corporate Blvd. Suite 222</b> City <b>Boca Raton</b> <b>FL</b> Zip Code <b>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.					
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	<b>MGR BENES, EDGAR A 951 BROKEN SOUND PARKWAY NW, SUITE 140 BOCA RATON, FL 33487 33431</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2300 NW CORPORATE BLVD SUITE 222 BOCA RATON, FL 33431</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>SIGNATURE:</b>			<b>561-999-1993</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date    Daytime Phone #		