

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000006872**

1. Entity Name  
**HOLDEN TITLE AND ESCROW, LLC**



Principal Place of Business  
**955 NW 17TH AVENUE  
BUILDING D  
DELRAY BEACH, FL 33445**

Mailing Address  
**955 NW 17TH AVENUE  
BUILDING D  
DELRAY BEACH, FL 33445**



01112007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>57-1198123</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**JOHN L PADERA JR. ESQ  
955 NW 17TH AVENUE  
BUILDING D  
DELRAY BEACH, FL 33445**

**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

*John L. Papera Jr.*

(NOTE: Registered Agent signature required when reinstating)

DATE

*1-18-07*

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	PAPERA, JOHN L JR.
STREET ADDRESS	955 NW 17TH AVENUE, BUILDING D
CITY- ST- ZIP	DELRAY BEACH, FL 33445

TITLE	MGR
NAME	JOHN L. PAPERA JR., P.A.
STREET ADDRESS	955 NW 17TH AVENUE, BUILDING D
CITY- ST- ZIP	DELRAY BEACH, FL 33445

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000601141  
01/26/07-80037-012 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:

*John L. Papera Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

*1/18/07*

Daytime Phone #

*561-819-2411*