

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000007188

Entity Name: ABSOLUTE TITLE, LLC.

FILED
Jan 25, 2006
Secretary of State

Current Principal Place of Business:

10661 N. KENDALL DR.
SUITE 204
MIAMI, FL 33176

New Principal Place of Business:

10691 N. KENDALL DR.
SUITE 207
MIAMI, FL 33176

Current Mailing Address:

10661 N. KENDALL DR.
SUITE 204
MIAMI, FL 33176

New Mailing Address:

10691 N. KENDALL DR.
SUITE 207
MIAMI, FL 33176

FEI Number: 45-0532645

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAIZ, CATHERINE
16561 S.W. 145TH AVE
MIAMI, FL 33177 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: MGR () Delete
Name: GARCIA, YESENIA
Address: 13022 SW 57 TERRACE
City-St-Zip: MIAMI, FL 33183

Title: MGR () Delete
Name: GARCIA, ROSIE
Address: 16561 SW 145 AVENUE
City-St-Zip: MIAMI, FL 33177

Title: MGR () Delete
Name: MAIZ, CATHERINE
Address: 16561 SW 145 AVENUE
City-St-Zip: MIAMI, FL 33177

ADDITIONS/CHANGES:

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

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: CATHERINE MAIZ

MGR

01/25/2006

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