2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008
Secretary of State

DOCUMENT# L04000010715

Entity Name: MARQUIS TITLE, LLC

Current Principal Place of Business:

900 E. HILLSBORO BLVD., SUITE A
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

Current Mailing Address:

900 E. HILLSBORO BLVD., SUITE A
DEERFIELD BEACH, FL 33441

New Mailing Address:

FEI Number: 20-0700332 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OSTRZENSKI, BARTOSZ A
900 E. HILLSBORO BLVD., SUITE A
DEERFIELD BEACH, FL 33441 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: STRICKLIN, JAIME A
Address: 1500 W. CYPRESS CREEK ROAD, SUITE 305
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: MGRM ( ) Delete
Name: OSTRZENSKI, BARTOSZ A
Address: 1500 W. CYPRESS CREEK, SUITE 305
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: STRICKLIN, JAIME A
Address: 900 E. HILLSBORO BLVD. SUITE A
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: MGRM (X) Change ( ) Addition
Name: OSTRZENSKI, BARTOSZ A
Address: 900 E. HILLSBORO BLVD. SUITE A
City-St-Zip: DEERFIELD BEACH, FL 33441

I hereby certify that the information supplied with this filing does not qualify 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: JAIME A STRICKLIN MM 01/22/2008

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