

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000010818

FILED
Jan 05, 2006
Secretary of State

Entity Name: ELITE TITLE INSURANCE AGENCY, L.L.C.

Current Principal Place of Business:

1803 BRIAR CREEK BLVD.
SAFETY HARBOR, FL 34695 US

New Principal Place of Business:

Current Mailing Address:

1803 BRIAR CREEK BLVD.
SAFETY HARBOR, FL 34695 US

New Mailing Address:

FEI Number: 90-0142311

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SARMOV, KALINA
1803 BRIAR CREEK BLVD.
SAFETY HARBOR, FL 34695 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: MONROE, CHARLES H III
Address: 1803 BRIAR CREEK BLVD.
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: MGRM () Delete
Name: WAITZ, IRA S
Address: 1803 BRIAR CREEK BLVD.
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: MGRM () Delete
Name: SARMOV, KALINA
Address: 1803 BRIAR CREEK BLVD.
City-St-Zip: SAFETY HARBOR, FL 34695 US

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: KALINA SARMOV

MGRM

01/05/2006

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