


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 16, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000011363</b>	
1. Entity Name <b>PREFERRED TITLE AGENCY LLC</b>	

Principal Place of Business <b>2315 BEACH BLVD STE 202 A JACKSONVILLE BEACH, FL 32250</b>	Mailing Address <b>2315 BEACH BLVD STE 202 A JACKSONVILLE BEACH, FL 32250</b>
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**DO NOT WRITE IN THIS SPACE**



04292006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>20-0726203</b>	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

**HANLY, JEFFREY M  
2701 OCEAN DRIVE SOUTH  
JACKSONVILLE BEACH, FL 32250**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRANCIS, TERRI K 4229 TIDEVIEW DRIVE JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HANLY, JEFFREY M 2701 OCEAN DRIVE SOUTH JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEWIS, MURRAY A 148 WATER OAK DRIVE PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U000000564535  
05/20/06-80076-006 50.00

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**  **Terri K. Francis** **4-29-2006** **242-8543**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #