

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000012436

FILED
Aug 11, 2005
Secretary of State

Entity Name: ON-SITE TITLE, LLC

Current Principal Place of Business:

1580 SAWGRASS CORPORATE PARKWAY, SUITE 130
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

1580 SAWGRASS CORPORATE PARKWAY, SUITE 130
SUNRISE, FL 33323

New Mailing Address:

FEI Number: 03-0537181 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SMIKLE, CLAUDINE T
18350 NW 2 AVENUE
500
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

SMIKLE, CLAUDINE T
1580 SAWGRASS CORPORATE PARKWAY
130
SUNRISE, FL 33323 US

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: CLAUDINE T. SMIKLE

08/11/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SMIKLE, CLAUDINE T
Address: 1709 SW 101 TERRACE
City-St-Zip: MIRAMAR, FL 33025

Title: MGRM () Delete
Name: BLOISE, WARREN
Address: 2209 NW 139 AVENUE
City-St-Zip: SUNRISE, FL 33323

ADDITIONS/CHANGES:

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 Section 119.07(3)(i), 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: CLAUDINE T. SMIKLE

MGRM

08/11/2005

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