

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000013703

Entity Name: DCI TITLE SERVICES, LLC

FILED  
Mar 31, 2006  
Secretary of State

## Current Principal Place of Business:

2000 GLADES ROAD  
SUITE 212  
BOCA RATON, FL 33431

## New Principal Place of Business:

2000 GLADES ROAD  
SUITE 400  
BOCA RATON, FL 33431

## Current Mailing Address:

2000 GLADES ROAD  
SUITE 212  
BOCA RATON, FL 33431 US

## New Mailing Address:

2000 GLADES ROAD  
SUITE 400  
BOCA RATON, FL 33431 US

FEI Number: 34-1979963

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TAMMY B. SALTZMAN, P.A.  
2000 GLADES ROAD  
SUITE 212  
BOCA RATON, FL 33446 US

## Name and Address of New Registered Agent:

TAMMY B. SALTZMAN, P.A.  
2000 GLADES ROAD  
SUITE 400  
BOCA RATON, FL 33446 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:

03/31/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: PARADISE HOME TITLE., INC.  
Address: 2000 GLADES ROAD, SUITE 212  
City-St-Zip: BOCA RATON, FL 33431 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: PARADISE HOME TITLE., INC.  
Address: 2000 GLADES ROAD, SUITE 400  
City-St-Zip: BOCA RATON, FL 33431 US

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: PARADISE HOME TITLE, INC.

MGRM

03/31/2006

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