


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 08, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000019276**

1. Entity Name  
**1ST GENERATION TITLE SERVICES, L.L.C.**



Principal Place of Business  
**1510 HANCOCK BRIDGE PKWY SUITE 6  
 CAPE CORAL, FL 33990**

Mailing Address  
**1510 HANCOCK BRIDGE PKWY SUITE 6  
 CAPE CORAL, FL 33990**



01162006No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1026530** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**CARROLL, ZAIDA L  
 1507 SE 1ST PLACE  
 CAPE CORAL, FL 33990**

**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 Dale A Blow Dale A Blow 3-1-06  
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when rehashing) DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARROLL, ZAIDA L 1016 S.W. 37TH STREET CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLOW, DALE A 2016 SE 21ST STREET CAPE CORAL, FL 33990
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 03/18/06-80038-025 50.00

**DO NOT WRITE IN THIS SPACE**

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: Dale A Blow Dale A Blow 3-1-06 239-573-9929  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #