

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90004 014 \*\*\*\*50.00



DOCUMENT # L04000029042

1. Entity Name  
 EQUITY LAND TITLE, LLC

Principal Place of Business: 100 W CYPRESS CREEK ROAD STE. 700 FORT LAUDERDALE FL 33309  
 Mailing Address: 100 W CYPRESS CREEK ROAD STE. 700 FORT LAUDERDALE FL 33309



2. Principal Place of Business: 2255 GLADES ROAD SUITE 411-E COCA RATON, FLORIDA 33431 USA  
 3. Mailing Address: 2255 GLADES ROAD SUITE 411-E COCA RATON, FLORIDA 33431 USA

1st MOORE CR2E083 (10/05)

4. FEI Number: 20-1018296 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

BLODIG, GREGORY J  
 100 W CYPRESS CREEK ROAD STE. 700  
 FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ FL Zip Code: \_\_\_\_\_

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 remaining) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE: MGR NAME: GREENSPOON, GERALD STREET ADDRESS: 100 W CYPRESS CREEK ROAD STE. 700 CITY-ST-ZIP: FORT LAUDERDALE FL 33309	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: MGR NAME: MARDER, MICHAEL E STREET ADDRESS: 135 W CENTRAL BOULEVARD STE. 1100 CITY-ST-ZIP: ORLANDO FL 32801	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 2/17/06