2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2006
Secretary of State

DOCUMENT# L04000031083

Entity Name: WARRANTY TITLE SOLUTIONS, LLC

Current Principal Place of Business:

7290 COLLEGE PARKWAY STE. 425
FORT MYERS, FL 33907

New Principal Place of Business:

7290 COLLEGE PARKWAY
SUITE 425
FORT MYERS, FL 33907

Current Mailing Address:

7290 COLLEGE PARKWAY STE. 425
FORT MYERS, FL 33907

New Mailing Address:

7290 COLLEGE PARKWAY
SUITE 425
FORT MYERS, FL 33907

FEI Number: 20-1027727 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, D'ARCY L
7290 COLLEGE PARKWAY, SUITE 425
FORT MYERS, FL 33913 US

Name and Address of New Registered Agent:

BROWN, D'ARCY L
7290 COLLEGE PARKWAY
SUITE 425
FORT MYERS, FL 33913 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: D'ARCY L BROWN 02/21/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BROWN, D'ARCY L
Address: 7290 COLLEGE PARKWAY, SUITE 425
City-St-Zip: FORT MYERS, FL 33907

Title: MGRM ( ) Delete
Name: BROWN, DAVID M
Address: 7290 COLLEGE PARKWAY, SUITE 425
City-St-Zip: FORT MYERS, FL 33907

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 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: DAVID M. BROWN MGRM 02/21/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date