

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000033670

FILED
Mar 28, 2006
Secretary of State

Entity Name: CLEAR ADVANTAGE TITLE AGENCY OF FLORIDA, LLC

Current Principal Place of Business:

1915 MANATEE AVENUE WEST
BRADENTON, FL 34205 US

New Principal Place of Business:

Current Mailing Address:

1915 MANATEE AVENUE WEST
BRADENTON, FL 34205 US

New Mailing Address:

FEI Number: 84-1646131

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EBLING, JAMIE A
1915 MANATEE AVENUE WEST
BRADENTON, FL 34205 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: EBLING, JAMIE A
Address: 1915 MANATEE AVENUE WEST
City-St-Zip: BRADENTON, FL 34205 US

Title: MGRM () Delete
Name: FURFEY, EDWARD
Address: 1915 MANATEE AVENUE WEST
City-St-Zip: BRADENTON, FL 34205 US

Title: MGRM () Delete
Name: MJK FINANCIAL, LLC,
Address: 7201 WEST SAGINAW HIGHWAY, SUITE 316
City-St-Zip: LANSING, MI 48917 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMIE A EBLING

MGRM

03/28/2006

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