

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000042266

Entity Name: SECURITY TITLE LLC

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

4011 WEST FLAGLER ST.
502
MIAMI, FL 33134

Current Mailing Address:

4011 WEST FLAGLER ST.
502
MIAMI, FL 33134

New Principal Place of Business:

5959 BLUE LAGOON DRIVE
103
MIAMI, FL 33126

New Mailing Address:

5959 BLUE LAGOON DRIVE
103
MIAMI, FL 33126

FEI Number: 20-1217702

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YERO, ARTURO MR.
10271 SUNSET DR.
104 2ND FLOOR
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

LOPEZ, MANUEL MR
770 PONCE DE LEON BLVD
PENTHOUSE
CORAL GABLES, FL 33134 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: MANUEL R. LOPEZ

04/28/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ORTA, RAUL E
Address: 4011 WEST FLAGLER ST. SUITE 502
City-St-Zip: MIAMI, FL 33134

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ORTA, RAUL E
Address: 5959 BLUE LAGOON DRIVE, SUITE 103
City-St-Zip: MIAMI, FL 33126

Title: MGRM () Change (X) Addition
Name: BALLADARES, JEANNINE
Address: 5959 BLUE LAGOON DRIVE, SUITE 103
City-St-Zip: MIAMI, FL 33126

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: JEANNINE BALLADARES

MGRM

04/28/2006

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