

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052125

Entity Name: LEGAL TITLE & CLOSING, L.L.C.

FILED
Apr 26, 2006
Secretary of State

Current Principal Place of Business:

601 BAYSHORE BLVD., SUITE 840
TAMPA, FL 33606

New Principal Place of Business:

1509 W. SWANN AVE.
SUITE 240-A
TAMPA, FL 33606

Current Mailing Address:

P.O. BOX 1529
TAMPA, FL 33601

New Mailing Address:

FEI Number: 77-0641883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEYOUNG, M. ALISANDRA
922 HARBOR BAY DR
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

DEYOUNG, M. ALISANDRA
1509 W. SWANN AVE.
SUITE 240-A
TAMPA, FL 33606 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: M. ALISANDRA DEYOUNG

04/26/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: M. ALISANDRA DEYOUNG, , P.L.
Address: P.O. BOX 1529
City-St-Zip: TAMPA, FL 33601

Title: MGR () Delete
Name: HERMAN JEEVES, PAMELA P.L.
Address: 1017 ROYAL PASS ROAD
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: M. ALISANDRA DEYOUNG, , P.L.
Address: 1509 W. SWANN AVE., SUITE 240-A
City-St-Zip: TAMPA, FL 33606

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: PAMELA HERMAN JEEVES

MGR

04/26/2006

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