## **2005 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT** DOCUMENT # L04000052821



NAME   SIRET ADDRESS   CITY-ST-ZP   Delete   TITLE   NAME   SIRET ADDRESS   CITY-ST-ZP   SIRET ADDRESS   CITY-ST-ZP   Delete   TITLE   NAME   SIRET ADDRESS   CITY-ST-ZP	1. Entity Name REAL ESTATE INVESTMENT TITLE SERVICES, L.L.C.							02-07-2005	_		
Suite, Apt. #, etc.    Suite, Apt. #, etc.	8300 N.W. 5	3RD STREET, ST	E. 300	8300 N.W. 53RD STREET, STE. 300				<del></del> ~		-	
City & State  Country  Country  S. Certificate of Status Desired  Registered Agent  7. Name and Address of New Registered Agent  Tome, JAY R EQ 8300 N.W. 33 AVENUE, STE. 300  DORAL, FL 33168  Sincer Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Sincer Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  Sincer Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL	2. Principal P	lace of Business		3. Mailing Address							
Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   \$5.00 Additional Fee Required   S. Country   S. Certificate of Status Desired   \$5.00 Additional Fee Required   Status Desired   \$5.00 Additional Fee Required   Status Desired   Status Desired Desir	Suite, Apt.	#, etc.		Suite, Apt. #, etc.			01182005	Chg-LLC	CR2E083	(10/03)	
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Name  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FIling Fee is \$50.00  Due by May 1, 2003  Make check payable to Florida Department of State  Signature, Apod to protein amend registered agent, or both, in the State of Florida. I am familiar with, and acceptable)  Signature, Apod to protein amend registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida.  Interpolation of registered agent, or both, in the State of Florida.  Interpolation of registered agent, or both, in the State of Florida.  Interpolation of registered agent, or both, in the State of Florida.  Interpolation of registered agent, or both, in the State of Flo	City & State			City & State			4. FEI Num 14-19	per 13449		_ <del>                                    </del>	
Name	Zip	C	ountry	Zip Counti		гу					
TOME, JAY R ESO  DORAL, FL 33166  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  1. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable of Florida. I am familiar with, and acceptable of Florida Department of State   BILE ADMITTORY (PAMSES STATE STA	6. Name and Address of Current Registered Agent						7. Name an	d Address of New F	legistered Ag	ent	
B. The above named enalty 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 accelerate to be obligations of registered agent.  Signature Typed or pristed name of implished agent and tib if applicable.  PHIIng Fee is \$50.00  Discourse Typed or pristed name of implished agent and tib if applicable.  PHIIng Fee is \$50.00  Make check payable to Florida Department of State  PHIIng Fee is \$50.00  Make Check payable to Florida Department of State  9.	8300 N.W. 33 AVENUE, STE. 300										
8. The above named enalty submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Sumature   Sumature typed or privided remore of registered agent ag						City Zip Code					
S.   MANAGING MEMBERS / MANAGERS   10.   ADDITIONS / CHANGES   Additional content of State	the obligat	ions of registered	i agent.		_			oth, in the State of Fl	orida. I am far	I niliar with,	and accept
TITLE											₽
NAME SIRET ADORESS CITY-ST-ZP DORAL, FL 33166  TITLE MGRM HARALSON, PAUL STRET ADORESS CITY-ST-ZP DORAL, FL 33166  TITLE MGRM TOME, JAY R SIRET ADORESS CITY-ST-ZP DORAL, FL 33166  TITLE MGRM TOME, JAY R SIRET ADORESS CITY-ST-ZP DORAL, FL 33166  TITLE MGRM Doelete TITLE MGRM TOME, JAY R SIRET ADORESS CITY-ST-ZP DORAL, FL 33166  TITLE MAME SIRET ADORESS CITY-ST-ZP TITLE MAME MAME SIRET ADORESS CITY-ST-ZP TITLE MAME MAME SIRET ADORESS CITY-ST-ZP TITLE MAME MAME MAME SIRET ADORESS CITY-ST-ZP TITLE MAME MAME MAME MAME SIRET ADORESS CITY-ST-ZP TITLE MAME MAME MAME MAME MAME	9.	MANAGING MEMBERS/MANAGERS						ADDITIONS	/CHANGES		
NAME STREET ADORESS CITY-ST-ZIP B300 N.W. 53RD STREET, STE. 300 CITY-ST-ZIP Delete TITLE MGRM TOME, JAY R STREET ADORESS CITY-ST-ZIP DORAL, FL 33166 CITY-ST-ZIP DELETE DORAL, FL 33166 CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP DELETE DORAL, FL 33166 CITY-ST-ZIP DELETE DORALS STREET ADORESS CITY-ST-ZIP DELETE DORALS STREET ADORESS CITY-ST-ZIP CITY-	NAME STREET ADDRESS	BERMUDEZ, 8300 N.W. 53	RD STREET, STE. 3		NAME STREE	T ADDRESS			E	Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP DORAL, FL 33166  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME	NAME STREET ADDRESS	HARALSON, 8300 N.W. 53	RD STREET, STE. 3		NAME STREE	ET ADORESS			[	Change	☐ Addition
NAME STREET ADORESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME NAME NAME NAM	NAME STREET ADORESS	TOME, JAY R 8300 N.W. 53	RD STREET, STE. 3		NAME	ET ADDRESS				Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME  Delete NAME  Change Addi	NAME STREET ADDRESS			☐ Delcte	NAME STREE	ET ADORESS				Change	Addition
NAME NAME	NAME STREET ADORESS			☐ Delete	NAME STREE	ET ADORESS			1	Change	Addition
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	NAME STREET ADDRESS CITY-ST-ZIP				name Stree City-	ET ADORESS -ST-ZIP				•	Addition