


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000052821

1. Entity Name
REAL ESTATE INVESTMENT TITLE SERVICES, L.L.C.



Principal Place of Business
8300 N.W. 53RD STREET, STE. 300
DORAL, FL 33166

Mailing Address
8300 N.W. 53RD STREET, STE. 300
DORAL, FL 33166



01202006 No Chg-LLC CRZE083 (11/05)

4. FEI Number
14-1913449 Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

TOME, JAY R ESQ
8300 N.W. 33 AVENUE, STE. 300
DORAL, FL 33166

DO NOT WRITE IN THIS SPACE

9. 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. I am (emiliar with), and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$50.00
Due by May 1, 2006

8. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERMUDEZ, JUAN CARLOS 8300 N.W. 53RD STREET, STE. 300 DORAL, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARALSON, PAUL 8300 N.W. 53RD STREET, STE. 300 DORAL, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOME, JAY R 8300 N.W. 53RD STREET, STE. 300 DORAL, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 02/10/06-80040-025 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 008, Florida Statutes.

SIGNATURE: Jay R Tome / **JAY R. TOME** 1/24/06 305-639-2400

SIGNATURE AND TYPED OR PRINTED NAME OF WORKING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE DATE Daytime Phone #