


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90032 022 ****50.00

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**

2. Principal Place of Business - No P.O. Box #
15500 New Barn Road

3. Mailing Address
15500 New Barn Road

Suite, Apt. #, etc.
Suite 104

Suite, Apt. #, etc.
Suite 104

City & State
Miami Lakes, FL


City & State
Miami Lakes, FL

Zip
33014

Country
USA

Zip
33014

Country
USA



02212007 Chg-LLC CR2E083 (12/06)

4. FEI Number
14-1913449

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Tome, Jay R. Esq**

Street Address (P.O. Box Number is Not Acceptable)
15500 New Barn Road

Suite 104

City **Miami Lakes** **FL** Zip Code **33014**

8. 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 familiar with, and accept the obligations of registered agent.

SIGNATURE  **Jay R. Tome** **4/14/07**


Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERMUDEZ, JUAN CARLOS 8300 N.W. 53RD STREET, STE. 300 DORAL, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Bermudez, Juan Carlos 15500 New Barn Road, STE 104 Miami Lakes, FL 33014 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARALSON, PAUL 8300 N.W. 53RD STREET, STE. 300 DORAL, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Haralson, Paul 15500 New Barn Road, STE 104 Miami Lakes, FL 33014 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOME, JAY R 8300 N.W. 53RD STREET, STE. 300 DORAL, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Tome, Jay R. 15500 New Barn Road, STE 104 Miami Lakes, FL 33014 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 608, Florida Statutes.

SIGNATURE:  **Jay R. Tome MGR.** **4-14-07** **(305) 403-0125**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #