2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L04000055041

FILED Mar 06, 2006 8:00 am Secretary of State 03-06-2006 90206 024 ****50.00

1. Entity Name ACCLAIM TITLE AND SERVICES, L.L.C.								
Principal Place 104 SARASO SARASOTA, F	TA QUAY	Mailing Address 104 SARASOTA QUAY SARASOTA, FL 34236			20013577			
2. Principal PI	lace of Business Tickney Point Road	3. Mailing Address 1882 Stickn	eu Po	int R	oad			
Suite, Apt. #, etc. Suite #		Suite, Apt. #, etc.		02072006	Chg-LLC	CR2E083 (11/0	5)	
City & State	SOTA, FL	sarasota,			4. FEI Numb 20-13			Applied For Not Applicable
34231-8	3847 USA	34231-8847	Count	Ä		e of Status Desired	Fee Requ	Additional rired
	6. Name and Address of Current I	Registered Agent		Name	7. Name an	d Address of New R	egistered Agent	
104 SARA	DRP, STEVEN R SOTA QUAY	Street Address		ddress (P.O. Box Num	(P.O. Box Number is Not Acceptable)			
SARASOT			188	4 Stickw	ey Point	Rol		
			\	City 5	arasota	0	FL Zip C	ode 34231
	named entity submits this statement for ions of registered agent.	purpose of changing its	registere	ed office or	registered agent, or b	oth, in the State of Flo	orida. I am familiar w	th, and accept
SIGNATURE .	Signature, types or printed name of registated egent a	ind title if appricable. (NOTI	E: Registered	d Agent signatu	are required when reinstating)		/9/06 DATE	
Filing Fee is \$50.00 Due by May 1, 2006						l .	e check payable t a Department of S	
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCNALLY, TODD J 105 SARASOTA QUAY SARASOTA, FL 34326	□ Delete			MGRM MCNAlly, Too 1884 Stickr Sarasota,	td J Jey Point R	Æ Chan 2d	ge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEDENDORP, STEVEN R	☐ Delete	TITLE		NAC-ONA		Chan	ge Addition
	104 SARASOTA QUAY			ET ADDRESS	medendor 1884 Stickr	ieu point k	K.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	STRE CITY TITLE NAMI STRE	ET ADDRESS - ST-ZIP	medendor	ieu point k	K.	ge Addition
NAME STREET ADDRESS	104 SARASOTA QUAY	☐ Delete	STRE CITY TITLE NAMI STRE CITY TITLE NAMI	ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP	medendor 1884 Stickr	ieu point k	Chang	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	104 SARASOTA QUAY	☐ Delete	STRE CITY TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI STRE NAMI STRE	ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E ET ADDRESS	medendor 1884 Stickr	ieu point k	Chang	ge 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 cath; 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:

2/09/06