

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055041

FILED
Apr 30, 2007
Secretary of State

Entity Name: ACCLAIM TITLE AND SERVICES, L.L.C.

Current Principal Place of Business:

1882 STICKNEY POINT RD
STE. A
SARASOTA, FL 342318847

New Principal Place of Business:

1886 STICKNEY POINT RD
STE. A
SARASOTA, FL 342318847

Current Mailing Address:

1882 STICKNEY POINT RD
STE. A
SARASOTA, FL 342318847

New Mailing Address:

1886 STICKNEY POINT RD
STE. A
SARASOTA, FL 342318847

FEI Number: 20-1382703

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEDENDORP, STEVEN R
1884 STICKNEY POINT RD
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

MCNALLY, TODD
1884 STICKNEY POINT RD
SARASOTA, FL 34231 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: TODD MCNALLY

04/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCNALLY, TODD J
Address: 1884 STICKNEY POINT RD
City-St-Zip: SARASOTA, FL 34231

Title: MGRM (X) Delete
Name: MEDENDORP, STEVEN R
Address: 1884 STICKNEY POINT RD
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: TODD MCNALLY

MGRM

04/30/2007

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