

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000056427
 1. Entity Name
NEW FLORIDA TITLE & ESCROW, L.L.C.



Principal Place of Business Mailing Address
 27 FLETCHER AVE 27 FLETCHER AVE
 SARASOTA, FL 34237 SARASOTA, FL 34237

DO NOT WRITE IN THIS SPACE



03092007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2113266	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
FINKELSTEIN, DAVID N
 27 FLETCHER AVE
 SARASOTA, FL 34237

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FINKELSTEIN, DAVID N 27 FLETCHER AVE SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/26/07-80020-008 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 608, Florida Statutes.

SIGNATURE: *David Finkelstein* *4/11/07* *941-952-9999*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #