

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000057125

FILED
Jul 31, 2007
Secretary of State

Entity Name: EMERALD SEAS TITLE, LLC

Current Principal Place of Business:

419 NORTH MAGNOLIA AVENUE
ORLANDO, FL 32801 US

New Principal Place of Business:

Current Mailing Address:

419 NORTH MAGNOLIA AVENUE
ORLANDO, FL 32801 US

New Mailing Address:

FEI Number: 03-0547004 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CALZADA, RICARDO II
419 NORTH MAGNOLIA AVENUE
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

DOROUGH, CALZADA & HAMNER, P.L.
419 NORTH MAGNOLIA AVENUE
ORLANDO, FL 32801 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: RICARDO CALZADA, II

07/31/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CALZADA, RICARDO II
Address: 419 NORTH MAGNOLIA AVENUE
City-St-Zip: ORLANDO, FL 32801 US

Title: MGRM () Delete
Name: HAMNER, KENNETH
Address: 419 NORTH MAGNOLIA AVENUE
City-St-Zip: ORLANDO, FL 32801 US

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: RICARDO CALZADA, II

MGRM

07/31/2007

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