## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000057885

Entity Name: NATION TITLE, LLC

FILED May 02, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1820 N. CORPORATE LAKES BLVD. 2751 EXECUTIVE PARK DR

206 203

WESTON, FL 33326 US WESTON, FL 33331 US

Current Mailing Address: New Mailing Address:

P.O. BOX 267544

WESTON, FL 33326 US

FEI Number: FEI Number Applied For (X) 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: Name and Address of New Registered Agent:

SEIDEN, JAN K ESQ. REYES, LEO 150 ALHAMBRA CIRCLE PO BOX 267544

1150 WESTON, FL 33326 US

CORAL GABLES, FL 33134 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: LEO REYES 05/02/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 REYES, LEO
 Name:

 Address:
 1820 N. CORPORATE LAKES BLVD., #206
 Address:

 City-St-Zip:
 WESTON, FL 33326 US
 City-St-Zip:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 RHENALS, EDGAR
 Name:

 Address:
 1820 N. CORPORATE LAKES BLVD., #206
 Address:

 City-St-Zip:
 WESTON, FL 33326 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LEO REYES MGR 05/02/2005