

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061995

FILED
Jun 19, 2009
Secretary of State

Entity Name: ASSET LAND TITLE SERVICES, LLC

Current Principal Place of Business:

7900 GLADES ROAD
350
BOCA RATON, FL 33434 US

New Principal Place of Business:

300 S. PINE ISLAND RD.
245
PLANTATION, FL 33325 US

Current Mailing Address:

7900 GLADES ROAD
350
BOCA RATON, FL 33434 US

New Mailing Address:

300 S. PINE ISLAND RD.
245
PLANTATION, FL 33325 US

FEI Number: 20-1525770 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:

FELDMAN, CRAIG L
7900 GLADES ROAD
350
BOCA RATON, FL 33434 US

Name and Address of New Registered Agent:

FELDMAN, CRAIG L
300 S. PINE ISLAND RD.
245
PLANTATION, FL 33324 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: CRAIG FELDMAN

06/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FELDMAN, CRAIG
Address: 7900 GLADES ROAD, SUITE 350
City-St-Zip: BOCA RATON, FL 33434 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FELDMAN, CRAIG
Address: 300 S. PINE ISLAND RD., SUITE 245
City-St-Zip: PLANTATION, FL 33325 US

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: CRAIG FELDMAN

MGRM

06/19/2009

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