# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 28, 2006**
**Secretary of State**

DOCUMENT# L04000069454

**Entity Name:** ABC TITLE & ESCROW, LLC

**Current Principal Place of Business:**

351 S. CYPRESS ROAD
SUITE 310
POMPANO BEACH, FL 33060

**New Principal Place of Business:**

55 N. E. FIFTH AVENUE
SUITE 501
BOCA RATON, FL 33432

**Current Mailing Address:**

351 S. CYPRESS ROAD
SUITE 310
POMPANO BEACH, FL 33060

**New Mailing Address:**

55 N.E. FIFTH AVENUE
SUITE 501
BOCA RATON, FL 33432

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GERMAN, MARIO D J.D.
351 S. CYPRESS ROAD
SUITE 310
POMPANO BEACH, FL 33060 US

**Name and Address of New Registered Agent:**

GERMAN, MARIO D J.D.
55 N.E. FIFTH AVENUE
SUITE 501
BOCA RATON, FL 33432 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: MARIO D. GERMAN, J.D. 04/28/2006
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: D/P ( ) Delete
Name: GERMAN, MARIO D PRES.
Address: 351 S. CYPRESS RD, STE 310
City-St-Zip: POMPANO BEACH, FL 33060 US

**ADDITIONS/CHANGES:**

Title: D/P (X) Change ( ) Addition
Name: GERMAN, MARIO D PRES.
Address: 55 N. E. FIFTH AVENUE
City-St-Zip: BOCA RATON, FL 33432 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIO D. GERMAN, J.D. PRES 04/28/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date