


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # L04000074538</b><br>1. Entity Name<br><b>CREG TITLE &amp; ESCROW, L.L.C.</b> |  |
|--|---|

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| Principal Place of Business<br><b>4000 HOLLYWOOD BLVD.<br/>HOLLYWOOD, FL 33020</b> | Mailing Address<br><b>1915 HOLLYWOOD BLVD.<br/>206<br/>HOLLYWOOD, FL 33020</b> |
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04252006No Chg-LLC

CR2E083 (11/05)

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|                                    |  |
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| 4. FEI Number<br><b>20-1808045</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |
|---|---------------------------------------|

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|---|
| 6. Name and Address of Current Registered Agent<br><br><b>CAMPBELL, STAN ESQ<br/>1915 HOLLYWOOD BLVD., #203<br/>HOLLYWOOD, FL 33020</b> |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

| 9. MANAGING MEMBERS/MANAGERS                       |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>MGRM<br/>GUARANTY TRUST &amp; TITLE, INC.<br/>1915 HOLLYWOOD BLVD., #206<br/>HOLLYWOOD, FL 33020</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>MGRM<br/>CAPITAL REAL ESTATE GROUP, INC.<br/>4000 HOLLYWOOD BLVD.<br/>HOLLYWOOD, FL 33020</b>        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

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| <b>U00000537672<br/>05/09/06-80026-025 50.00</b> |
| <b>DO NOT WRITE<br/>IN THIS SPACE</b>            |

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:  **4/26/06**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #