

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083341

FILED
Apr 28, 2008
Secretary of State

Entity Name: BOCA EXECUTIVE TITLE, L.L.C.

Current Principal Place of Business:

980 N FEDERAL HWY
STE 302
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

980 NORTH FEDERAL HIGHWAY
SUITE 302
BOCA RATON, FL 334322704

New Mailing Address:

FEI Number: 61-1478955 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALLINGER, MARTIN R
980 NORTH FEDERAL HIGHWAY
SUITE 302
BOCA RATON, FL 334322704 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MALLINGER, MARTIN R
Address: 980 NORTH FEDERAL HIGHWAY
City-St-Zip: BOCA RATON, FL 334322704

Title: MGRM () Delete
Name: LANDIS, DANIEL M
Address: 980 NORTH FEDERAL HIGHWAY
City-St-Zip: BOCA RATON, FL 334322704

Title: MGRM (X) Delete
Name: LEBLANC, STACEY
Address: 4180 JOG ROAD
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DANIEL LANDIS MGRM 04/28/2008

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