2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# L04000085744

Entity Name: OMNI TITLE GROUP, LLC

Current Principal Place of Business:

1700 N UNIVERSITY DR SUITE 301
CORAL SPRINGS, FL 33071

New Principal Place of Business:

1700 N UNIVERSITY DR
SUITE 301
CORAL SPRINGS, FL 33071

Current Mailing Address:

1700 N UNIVERSITY DR SUITE 301
CORAL SPRINGS, FL 33071

New Mailing Address:

1700 N UNIVERSITY DR
SUITE 301
CORAL SPRINGS, FL 33071

FEI Number: 06-1735855 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 333114132 US

Name and Address of New Registered Agent:

BERRICK, KENNETH A
1700 NORTH UNIVERSITY DRIVE
SUITE 301
CORAL SPRINGS, FL 33071 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: KENNETH BERRICK 04/27/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: BERRICK, KENNETH-PAUL A
Address: 642 RUGBY STREET
City-St-Zip: ORLANDO, FL 32804

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR ( ) Change (X) Addition
Name: SCOTT, DONNA
Address: 1700 NORTH UNIVERSITY DR
City-St-Zip: CORAL SPRINGS, FL 33071

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: KENNETH BERRICK MGRM 04/27/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date