

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000085744

Entity Name: OMNI TITLE GROUP, LLC

FILED  
Apr 07, 2006  
Secretary of State

**Current Principal Place of Business:**

1700 N UNIVERSITY DR  
SUITE 301  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

**Current Mailing Address:**

1700 N UNIVERSITY DR  
SUITE 301  
CORAL SPRINGS, FL 33071

**New Mailing Address:**

FEI Number: 06-1735855

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BERRICK, KENNETH A  
1700 NORTH UNIVERSITY DRIVE  
SUITE 301  
CORAL SPRINGS, FL 33071 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: BERRICK, KENNETH-PAUL A  
Address: 642 RUGBY STREET  
City-St-Zip: ORLANDO, FL 32804

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

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BERRICK, KENNETH-PAUL A  
Address: 1700 N UNIVERSITY DR #301  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: MGR (X) Change ( ) Addition  
Name: SCOTT, DONNA  
Address: 1700 NORTH UNIVERSITY DR #301  
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 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: KBERRICK

MGRM

04/07/2006

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