2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000087611

1. Entity Name
FLORIDA CORPORATE TITLE LLC

Principal Place of Business	Mailing Address
3625 NW 82ND AVENUE, STE. 201 MIAMI, FL 33166	3625 NW 82ND AVENUE, STE. 201 MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE

02282007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-1964223	Not Applicable

5. Certificate of Status Desired   ☐   **$5.00** Additional Fee Required

---

6. Name and Address of Current Registered Agent

LAW OFFICES OF FERNANDO GARCIA, P.A.
3625 NW 82ND AVENUE, STE. 201
MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE

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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2007

U00000652600
03/12/07-80024-019 50.00

---

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GARCIA, FERNANDO
STREET ADDRESS	3625 NW 82ND AVENUE, STE. 201
CITY-ST-ZIP	MIAMI, FL 33166

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____   2/2?/07   305 774-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #