2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 26, 2006 08:00 AN Secretary of State

DOC	IMENIT #1	-0400008854	11
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1. Entity Name

ALMAR TITLE SERVICES, LLC



Principal Place of Business

Mailing Address

12749 TAMIAMI TRAIL NORTH PORT, FL 34287 4109 DEL PRADO BOULEVARD CAPE CORAL, FL 33904



03172006 No Chg-LLC

CR2E083 (11/05)

36-4566277	_	Not Applicable \$5.00 Additional	
5. Certificate of Status Desired		♦3.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROBBINS, MICHAEL H SHUMAKER, LOOP & KENDRICK, LLP 101 EAST KENNEDY BLVD. SUITE 2800 TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE

	e named entity submits this statement for the purpose of chan utions of registered agent.	igiñg its registered office or registered agent, o	both, in the State of Florida. I am familiar with, and accep	
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstaling	DATE	
F	iling Fee is \$50.00 lue by May 1, 2006		and the second s	
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EXECUTIVE TITLE SERVICES, INC. 4109 DEL PRADO BOULEVARD CAPE CORAL, FL 33904		U00000533739 05/06/06-80135-010 50.00	
TITLE NAME STROFT ADDRESS CITY-ST-ZIP			05/06/06-80135-010 50.00	
TITLE NAME STREET ADDRESS CITY, ST-ZIP		DO	O NOT WRITE	
TIFLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·			

11. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/18/66 239-549-587-