2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Apr 03, 2007
Secretary of State

DOCUMENT# L04000093982

Entity Name: PINECREST PREMIER TITLE, LLC

Current Principal Place of Business:

9100 S. DADELAND BLVD STE 1000
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

9100 S. DADELAND BLVD STE 1000
MIAMI, FL 33156

New Mailing Address:

FEI Number: 20-2024486 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERSKOWITZ, GREG
9100 S. DADELAND BLVD STE
1000
MIAMI, FL 33156 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:	MGR	( ) Delete
Name:	HERSKOWITZ, GREG M	
Address:	9100 S. DADELAND BLVD STE 1000	
City-St-Zip:	MIAMI, FL 33156	
Title:	MGRM	(X) Delete
Name:	HERSKOWITZ, JON M	
Address:	9100 S. DADELAND BLVD STE 1000	
City-St-Zip:	MIAMI, FL 33156	
Title:	MGRM	( ) Delete
Name:	MAGUIRE, SAMUEL JR	
Address:	4840 ROSWELL ROAD BLDG E STE. 400	
City-St-Zip:	ATLANTA, GA 30342	

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 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: GREG HERSKOWITZ MGR 04/03/2007

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