
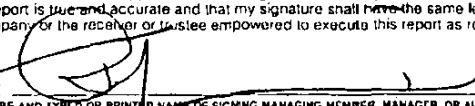


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-11-2006 90119 008 ***150.00

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| DOCUMENT # L05000000520 | |  | |
| 1. Entity Name ORGANIZED TITLE, LLC | | | |
| Principal Place of Business 7491 W. OAKLAND PK BLVD., STE. 301, 3RD FL LAUDERHILL, FL 33319 | | Mailing Address 7491 W. OAKLAND PK BLVD., STE. 301, 3RD FL LAUDERHILL, FL 33319 | |
| 2. Principal Place of Business 9050 Pines Blvd | | 3. Mailing Address 9050 Pines Blvd # | |
| Suite, Apt. #, etc. #450 | | Suite, Apt. #, etc. #450 | |
| City & State Pembroke Pines, FL | | City & State Pembroke Pines, FL | |
| Zip 33027 | Country Broward | Zip 33027 | Country Broward |
| 4. FEI Number 30-2130498 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when registering) | | | |
| Filing Fee is \$50.00 Due by September 6, 2006 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM OMOFOMAN, JERRY 7491 W. OAKLAND PK BLVD., STE. 301, 3RD FL LAUDERHILL, FL 33319 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 606, Florida Statutes. | | | |
| SIGNATURE:  | | Date _____ Daytime Phone # _____ | |