2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L05000000 1. Entity Name ORGANIZED TITLE, LLC	520			07-11-2006 901	19 008 ***	150.00
Principal Place of Business Mailing Address 7491 W. OAKLAND PK BLVD., STE. 301, 3RD FL LAUDERHILL, FL 33319 HAND PK BLVD., STE. 301, 3RD FL LAUDERHILL, FL 33319			3RD FL	000 4	#	
2 Principal Place of Business BJV 9050 Pines BJ						
Suite, Apt. #, etc.	Suite, Apt. 4, etc.		07062006		2E083 (11/05)	
Rembrola Pines, FC	Pembroke	Pines, F	7 36. S	130498	No	oplied For ot Applicable
33007 Sroward 6. Name and Address of Current	35027	Bountry	<u> </u>	c of Status Desired d Address of New Registe	\$5.00 Add Fee Require	
d. Name and Address di Corren	CERTIFICATION NO. 11	Name	7. Haire an	O MODIESS OF INDIA MEDISOR	180 Agent	
FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132	Sueel A	Streat Address (P.O. Box Number is Not Acceptable)				
17. ENGLEROALE, 1E 33371-4132						
		City			FL Zip Code	B
The above named entity submits this statement to the obligations of registered agent	or the purpose of changing its	s registered office o	registered agent, or b	oth, in the State of Florida. I	am familiar with,	and accept
SIGNATURE Signature: Spreame, typed or printed name of registered agent and title 4 applicable. (NOTE: Registered Agent approache required even rematuring) DATE						
Filing Fee is \$50.00 Due by September 6, 2006					ck payable to	
9. MANAGING MEMB	RS/MANAGERS	10.		ADDITIONS/CHAN	GES	
TITLE MGRM NAME OMOFOMAN, JERRY STREET ADDRESS 7491 W. OAKLAND PK BLVO., S CITY-ST-ZIP LAUDERHILL, FL 33319	☐ 0elele STE, 301, 3RD FL	TITLE MAME STREET ADDRESS CITY-SI-ZIP			(☐ Change	☐ Addition
ITILE TAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	HILE HAME STREET ADDRESS CITY- ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-S1-2IP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chunge	Addition
TITLE NAME STREET ADDRESS GITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITE NAME SIREET ADDRESS CUTY-S1-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP			Change	☐ Additich
TATE NAME STREET ADDRESS CITY-ST-ZP	□ Detale	TITLE NAME STREET ADDRESS CITY-SI-ZIP			[] Change	Addition
11. Thereby 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 fill am a managing member or manager of the limited liability company or the receiver or turstee empowered to execute this report as required by Chapter 608, Florida Statutes.						
SIGNATURE: SIGNATURE AND TYPED DIP PRINT D NAME OF SIGNING MANAGING NEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Dave Daving Proce.						