2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2006
Secretary of State

DOCUMENT# L05000012179

Entity Name: ACURITY TITLE GROUP, LLC.

Current Principal Place of Business:

1930 PARK MEADOWS DRIVE STE 1
FORT MYERS, FL 33907 US

New Principal Place of Business:

10043 COLONIAL COUNTRY CLUB BLVD.
FORT MYERS, FL 33913 US

Current Mailing Address:

1930 PARK MEADOWS DRIVE STE 1
FORT MYERS, FL 33907 US

New Mailing Address:

10043 COLONIAL COUNTRY CLUB BLVD.
FORT MYERS, FL 33913 US

FEI Number: 20-2294590 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOUTHWEST PROFESSIONAL SERVICES OF S FL IN
13571 MCGREGOR BLVD #22
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

LAMB, JEFFREY R
809 WALKERBILT ROAD
SUITE 5
NAPLES, FL 34110 US

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: JEFFREY R. LAMB 03/22/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: LUVERA, JOHN
Address: 10043 COLONIAL COUNRTY CLUB BLVD
City-St-Zip: FORT MYERS, FL 33913 US

Title: MGRM ( ) Delete
Name: SOMMER, SHAWN
Address: PO BOX 07392
City-St-Zip: FORT MYERS, FL 33919 US

ADDITIONS/CHANGES:

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: JOHN LUVERA MGRM 03/22/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date