


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 22, 2006 8:00 am**  
**Secretary of State**

08-22-2006 90007 015 \*\*\*\*50.00

|  |   |  |   |
|--|---|--|---|
| <b>DOCUMENT # L05000018185</b><br>1. Entity Name<br><b>LAWYERS 1ST COMMERCIAL TITLE, LLC</b>   |   |   |   |
| Principal Place of Business<br>1995 EAST OAKLAND PARK BOULEVARD, STE. 205<br>FORT LAUDERDALE, FL 33306   |   | Mailing Address<br>1995 EAST OAKLAND PARK BOULEVARD, STE. 205<br>FORT LAUDERDALE, FL 33306   |   |
| 2. Principal Place of Business<br><b>1 Financial Plaza</b><br>Suite, Apt. #, etc.<br><b># 2602</b>   |   | 3. Mailing Address<br><b>1 Financial Plaza</b><br>Suite, Apt. #, etc.<br><b># 2602</b>   |   |
| City & State<br><b>Ft. Lauderdale, FL</b><br>Zip<br><b>33394</b> Country<br><b>U.S.</b>  |   | City & State<br><b>Ft. Lauderdale, FL</b><br>Zip<br><b>33394</b> Country<br><b>U.S.</b>  |   |
| 4. FEI Number<br><b>20-2459828</b>   |   | Applied For<br><input type="checkbox"/> Not Applicable   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | <b>\$5.00 Additional Fee Required</b>  |   |
| 6. Name and Address of Current Registered Agent<br><br><b>DAVELL, WILLIAM C</b><br><b>MAY, MEACHAM &amp; DAVELL, P.A.</b><br><b>ONE FINANCIAL PLAZA, SUITE 2602</b><br><b>FORT LAUDERDALE, FL 33394</b>  |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 reinstating) DATE _____  |   |  |   |
| <b>Filing Fee is \$50.00 Due by September 6, 2006</b>  |   | <b>Make check payable to Florida Department of State</b>   |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   | <b>10. ADDITIONS/CHANGES</b>   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>WHIDDON, CATHERINE C<br>1995 EAST OAKLAND PARK BOULEVARD, STE. 205<br>FORT LAUDERDALE, FL 33306 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>CARRATT, GUS H<br>1995 EAST OAKLAND PARK BOULEVARD, STE. 205<br>FORT LAUDERDALE, FL 33306       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>DAVELL, WILLIAM C<br>ONE FINANCIAL PLAZA, SUITE 2602<br>FORT LAUDERDALE, FL 33394               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>MEACHAM, ROBERT C<br>ONE FINANCIAL PLAZA, SUITE 2602<br>FORT LAUDERDALE, FL 33394               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 608, Florida Statutes. |   |  |   |
| <b>SIGNATURE:</b> <u><i>Ans R. Canto</i></u>   |   | Date <u>7/24/06</u> Daytime Phone # <u>(954) 561-5703</u>  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   |  |   |