

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000027647

FILED
Apr 27, 2007
Secretary of State

Entity Name: GARDEN HOME TITLE, LLC

Current Principal Place of Business:

490 SAWGRASS CORPORATE PARKWAY, SUITE 330
SUNRISE, FL 33325

New Principal Place of Business:

Current Mailing Address:

490 SAWGRASS CORPORATE PARKWAY, SUITE 330
SUNRISE, FL 33325

New Mailing Address:

FEI Number: 20-2524626

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SINGER, GARY M
490 SAWGRASS CORPORATE PARKWAY, SUITE 330
SUNRISE, FL 33325 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: MGRM () Delete
Name: SINGER, GARY M
Address: 490 SAWGRASS CORPORATE PARKWAY, SUITE 330
City-St-Zip: SUNRISE, FL 33325

Title: MBR (X) Delete
Name: STUEBER, WILLIAM P II
Address: 490 SAWGRASS CORPORATE PARKWAY, SUITE 330
City-St-Zip: SUNRISE, FL 33325

Title: MBR (X) Delete
Name: FOLLESE, DANIEL D
Address: 490 SAWGRASS CORPORATE PARKWAY, SUITE 330
City-St-Zip: SUNRISE, FL 33325

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 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: GARY M SINGER

MGRM

04/27/2007

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