


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90086 039 ****60.00

DOCUMENT # L05000035932 1. Entity Name PROFESSIONAL TITLE LLC	
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Principal Place of Business 124 E VIRGINIA AVENUE BONIFAY, FL 32425	Mailing Address 115 N. WAUKESHA ST BONIFAY, FL 32425
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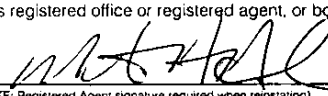
DO NOT WRITE IN THIS SPACE



01042007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2663994	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ALVIS, MICHAEL A 115 N WAUKESHA STREET BONIFAY, FL 32425	DO NOT WRITE IN THIS SPACE
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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: <u>Michael A Alvis</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<u></u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	<u>1/22/07</u> <small>DATE</small>

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM AVEST LLC POST OFFICE BOX 981 BONIFAY, FL 32425
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HOWELL, MICHAEL POST OFFICE BOX 605 BONIFAY, FL 32425
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**DO NOT WRITE
IN THIS SPACE**

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.		
SIGNATURE: <u>Michael A Alvis</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<u>1/22/07</u> <small>Date</small>	<u>850-547-9400</u> <small>Daytime Phone #</small>