

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000037730

**FILED**  
**Jul 11, 2006**  
**Secretary of State**

**Entity Name:** RJ TITLE RESEARCH AND ABSTRACT, LLC

**Current Principal Place of Business:**

15101 CANONGATE DR  
FT MYERS, FL 33912 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 60961  
FT MYERS, FL 33906 US

**New Mailing Address:**

113650-202 FIDDLESTICKS BLVD  
FT MYERS, FL 33906 US

**FEI Number:**  **FEI Number Applied For ( )**  **FEI Number Not Applicable (X)**  **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

JONES, ROSALIE M  
15101 CANONGATE DR  
FT MYERS, FL 33912 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: MGR  Delete  
Name: JONES, ROSALIE M  
Address: 15101 CANONGATE DR  
City-St-Zip: FT MYERS, FL 33912 US

Title: MGR  Delete  
Name: JONES, JEFFREY P  
Address: 15101 CANONGATE DR  
City-St-Zip: FT MYERS, FL 33912 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: ROSALIE M. JONES

MGR

07/11/2006

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