

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000037835

Entity Name: M3 TITLE LLC

FILED  
Mar 02, 2006  
Secretary of State

## Current Principal Place of Business:

2800 PONCE DE LEON BLVD.  
SUITE 1160  
CORAL GABLES, FL 33134

## New Principal Place of Business:

10 N.W. LEJEUNE ROAD  
SUITE 400  
MIAMI, FL 33126

## Current Mailing Address:

2800 PONCE DE LEON BLVD.  
SUITE 1160  
CORAL GABLES, FL 33134

## New Mailing Address:

10 N.W. LEJEUNE ROAD  
SUITE 400  
MIAMI, FL 33126

FEI Number: 71-0980965

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MARTIN, ALONSO III  
2800 PONCE DE LEON BLVD.  
SUITE 1160  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

VALLE, ISIS ESQ.  
10 N.W. LEJEUNE ROAD  
SUITE 400  
MIAMI, FL 33126 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: ISIS VALLE

03/02/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: MARTIN, ALONSO III  
Address: 2800 PONCE DE LEON BLVD., SUITE 1160  
City-St-Zip: CORAL GABLES, FL 33027 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: VALLE, ISIS  
Address: 10 N.W. LEJEUNE ROAD, SUITE 400  
City-St-Zip: MIAMI, FL 33126 US

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: ISIS VALLE

MGR

03/02/2006

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