

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90135 042 \*\*\*\*50.00

**DOCUMENT # L05000040469**

1. Entity Name  
**COSTA TITLE, LLC**



Principal Place of Business  
**1040 SW 17TH STREET  
 FT. LAUDERDALE, FL 33315**

Mailing Address  
**1040 SW 17TH STREET  
 FT. LAUDERDALE, FL 33315**

2. Principal Place of Business  
**2929 E. COMMERCIAL BLVD**

3. Mailing Address  
**11**

Suite, Apt. #, etc.  
**SPE PHAB**

Suite, Apt. #, etc.  
**SAME**

City & State  
**FT LAUDERDALE FL**

City & State  
**11**

Zip  
**33308**

Country  
**USA**

Zip  
**11**

Country  
**11**



01202006 Chg-LLC CR2E083 (11/05)

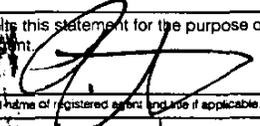
**6. Name and Address of Current Registered Agent**

**SMIGIEL, JOHN  
 1040 SW 17TH STREET  
 FT. LAUDERDALE, FL 33315**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**1616 SW 19th AVE**  
 City **FT LAUDERDALE** FL Zip Code **33312**

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  DATE **1/20/06**

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2006**

**Make check payable to Florida Department of State**

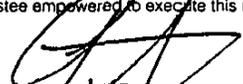
**9. MANAGING MEMBERS/MANAGERS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
<b>MGR</b>	<b>SMIGIEL, JOHN</b>	<b>7040 WEST PALMETTO PARK RD</b>	<b>BOCA RATON, FL 33433</b>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
<b>MGRM</b>	<b>JOHN SMIGIEL</b>	<b>1616 SW 19th AVE</b>	<b>FT LAUDERDALE, FL 33312</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  DATE **1/20/06** (954) 492-0667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #