

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000055734

FILED
Apr 05, 2006
Secretary of State

Entity Name: TITLE GROUP OF FLORIDA LLC

Current Principal Place of Business:

6220 SOUTH ORANGE BLOSSOM TRAIL
SUITE 108
ORLANDO, FL 32837

New Principal Place of Business:

Current Mailing Address:

11200 PINES BOULEVARD
SUITE 200
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 20-2957923

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IBRAHIM, ODALYS
11200 PINES BOULEVARD
SUITE 200
PEMBROKE PINES, FL 33026 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: IBRAHIM, ODALYS
Address: 11200 PINES BOULEVARD, #200
City-St-Zip: PEMBROKE PINES, FL 33026

Title: MGRM (X) Delete
Name: LOPEZ-ROMO, FRANCISCO
Address: 6220 S. ORANGE BLOSSOM TRAIL, #108
City-St-Zip: ORLANDO, FL 32827

Title: MGRM () Delete
Name: CABAN, PEDRO R
Address: 6220 S. ORANGE BLOSSOM TRAIL #108
City-St-Zip: ORLANDO, FL 32827

Title: MGRM () Delete
Name: CLARKSON, DUANE
Address: 6220 S. ORANGE BLOSSOM TRAIL #108
City-St-Zip: ORLANDO, FL 32827

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:

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: ODALYS IBRAHIM

MGRM

04/05/2006

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