# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L05000073707

1. Entity Name
TITLE JUNCTION, LLC



Principal Place of Business

6213 PRESIDENTIAL CT, A FORT MYERS, FL 33919 Mailing Address

6213 PRESIDENTIAL CT, A FORT MYERS, FL 33919

#### FILED Apr 18, 2007 08:00 Al Secretary of State



03202007 No Chg-LLC

CR2E083 (11/05)

4.	FEI Number
	20-3222810

Applied For Not Applicable

Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BADWAY, JOSEPH J 875 SE 47TH STREET SUITE 3 CAPE CORAL, FL 33904

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<ol><li>The above named entity submits this statement for the purpose of chathe obligations of registered agent.</li></ol>	anging its registered onice of registered again, of court, in the	s state of Florida. If an italinias with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
Elling For in \$50.00	· · ·	

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

MANAGING MEMBERS/MANAGERS	
TITLE	MGR
NAME	FERRI, JENNIFER
STREET ADDRESS	1220 SW 34TH STREET
CITY+ST-ZIP	CAPE CORAL, FL 33916
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CFTY-ST-ZIP	
TITLE	
NAME	•
STREET ADDRESS	•
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	•
CITY-ST-ZIP	
TITLE	•
NAME	
STREET ADDRESS	
CiTY-ST-ZIP	
11. I hereby	pertify that the information supplied with this filing does not qualify for the ex

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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 combany or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING MANAGIN

EMBER, OR AUTHORIZED REPRESENTATIVE

116/07

239415 Dayume Phone # 657