

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90130 043 ***138.75

60021658



02172008 Chg-LLC CR2E083 (12/06)

| | | | |
|--|---|---|--|
| 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 | |
| 2. Principal Place of Business - No P.O. Box # 6313 Corporate Court | | 3. Mailing Address 6313 Corporate Court #C | |
| Suite, Apt. #, etc. #C | | Suite, Apt. #, etc. #C | |
| City & State Fort Myers FL 33919 | | City & State Ft Myers, FL 33919 | |
| Zip 33919 | | Zip 33919 | |
| Country USA | | Country USA | |
| 4. FEI Number 20-3222810 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$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 | | 7. Name and Address of New Registered Agent Name Jennifer Ferri Street Address (P.O. Box Number is Not Acceptable) 1220 SW 34th Street City Cape Coral FL Zip Code 33914 | |
| 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 3/15/08 | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) | | DATE | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR FERRI, JENNIFER 1220 SW 34TH STREET CAPE CORAL, FL 33916 | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1220 SW 34TH STREET CAPE CORAL, FL 33916 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CAPE CORAL, FL 33914 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 3-15-08 | |
| Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Daytime Phone # 2394156574 | |