


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**Apr 25, 2006 8:00 am**  
**Secretary of State**

04-25-2006 90019 019 \*\*\*\*50.00

<b>DOCUMENT # L05000076973</b>	
1. Entity Name <b>EMERALD TITLE COMPANY, LLC</b>	

Principal Place of Business <b>25241 ELEMENTARY WAY, SUITE 206 BONITA SPRINGS, FL 34135</b>	Mailing Address <b>25241 ELEMENTARY WAY, SUITE 206 BONITA SPRINGS, FL 34135</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04202006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>371488 466</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>LYONS, RICHARD D 25241 ELEMENTARY WAY, SUITE 206 BONITA SPRINGS, FL 34135</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

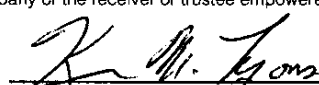
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR LYONS, KEVIN M 25241 ELEMENTARY WAY, SUITE 206 BONITA SPRINGS, FL 34135</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:**  **4-20-06 989-948-1823**

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

ATTACHMENT  
**Lyons**  
**& Lyons, P.A.**  
**LAW OFFICES**

20034958  
#L05000076973

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April 20, 2006

State of Florida  
Division of Corporations  
P.O. Box 6478  
Tallahassee, Florida 32314

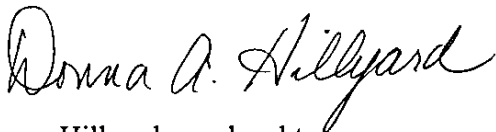
Re: Emerald Title Company, LLC  
2006 Limited Liability Company Annual Report

Dear Sir/Madam:

Enclosed is the 2006 Limited Liability Company Annual Report together with our check in the amount of \$50.00 representing the filing fee for above-captioned Annual Report. Please process accordingly. Thank you for your assistance in this matter.

Very truly yours,

LYONS & LYONS, P.A.



Donna Hillyard, paralegal to  
Richard D. Lyons  
/dh  
Enclosures