

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000077046

FILED
Jul 24, 2008
Secretary of State

Entity Name: ATLANTIC STATES TITLE, LLC

Current Principal Place of Business:

3001 BAYVIEW DRIVE
FORT LAUDERDALE, FL 33306

New Principal Place of Business:

518 35 STREET
WEST PALM BEACH, FL 33407

Current Mailing Address:

3391 TOWN POINT DRIVE, SUITE 215
KENNESAW, GA 30144

New Mailing Address:

FEI Number: 87-0752140

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAIMONDI, LARRY
3001 BAYVIEW DRIVE
FT LAUDERDALE, FL 33306 US

Name and Address of New Registered Agent:

RAIMONDI, LARRY
518 35 STREET
WEST PALM BEACH, FL 33407 US

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: LAWRENCE N. RAIMONDI, JR.

07/24/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RAIMONDI, LAWRENCE N JR
Address: 3001 BAYVIEW DRIVE
City-St-Zip: FT LAUDERDALE, FL 33306

Title: MGR () Delete
Name: WOOD, JILL G
Address: 3001 BAYVIEW DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33306

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RAIMONDI, LAWRENCE N JR
Address: 518 35 STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MGR (X) Change () Addition
Name: WOOD, JILL G
Address: 518 35 STREET
City-St-Zip: WEST PALM BEACH, FL 33407

I hereby certify that the information supplied with this filing does not qualify 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: JILL G. WOOD

MGR

07/24/2008

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