

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000084411

FILED
Apr 06, 2006
Secretary of State

Entity Name: ROYAL ATLANTIC TITLE, L.L.C.

Current Principal Place of Business:

3951 NORTH HAVERHILL ROAD
SUITE 219
WEST PALM BEACH, FL 33417 US

Current Mailing Address:

3951 NORTH HAVERHILL ROAD
SUITE 219
WEST PALM BEACH, FL 33417 US

New Principal Place of Business:

5805 BLUE LAGOON DRIVE
SUITE 110
MIAMI, FL 33126 US

New Mailing Address:

5805 BLUE LAGOON DRIVE
SUITE 110
MIAMI, FL 33126 US

FEI Number: 03-0568846

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CATHERINE E. CAUCCI, P.A.
3951 NORTH HAVERHILL ROAD
SUITE 219
WEST PALM BEACH, FL 33417 US

Name and Address of New Registered Agent:

CATHERINE E. CAUCCI, P.A.
5500 MILITARY TRAIL
SUITE 22-292
JUPITER, FL 33458 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: CATHERINE E. CAUCCI PA

04/06/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CAUCCI, CATHERINE E
Address: 3951 NORTH HAVERHILL ROAD, SUITE 219
City-St-Zip: WEST PALM BEACH, FL 33417

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CAUCCI, CATHERINE E
Address: 5805 BLUE LAGOON DRIVE, SUITE 110
City-St-Zip: MIAMI, FL 33126

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: CATHERINE E. CAUCCI

MGRM

04/06/2006

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