2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Secretary of State DOCUMENT #L05000084945 02-06-2006 90178 012 ****50.00 1. Entity Name REEA TITLE, LLC Principal Place of Business Mailing Address CITAUUU 13494 WALSINGHAM ROAD 13494 WALSINGHAM ROAD LARGO, FL 33774 LARGO, FL 33774 2. Principal Place of Business 3. Mailing Address Suite, Apt. 4, etc. Suite, Apt. #, etc. 01132006 Chg-LLC CR2E083 (11/05) City & State City & State Applied For 59-090384 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GUJU LAW GROUP, P.A. Street Address (P.O. Sox Number is Not Acceptable) 31564 US HWY 19 N PALM HARBOR, FL. 34684 City 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 Sogreture, typed or printed reams of registered agent and title if applicable. (NOTE: Registered Agent Normburn required stren reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE TITLE ☐ Change ☐ Addition NAME **EQUITY NATIONAL TITLE, LLC** HAME 31564 US HWY 19 N STREET ADDRESS STREET ADDRESS PALM HARBOR, FL 34684 CETY-ST-7P CITY-ST-71P MGR TITLE Delete TITLE ☐ Change ☐ Addition VALUE SERVICES, INC. NAME NAME 13498 WALSINGHAM ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LARGO, FL 33774 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP ☐ Delete IIILE TITLE ☐ Change ☐ Addition NAME HALIS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F TITLE □ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS C(TY - \$1 - 7)2 CITY-ST-ZIP 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:

R, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Mar 10, 2006 8:00 am

Daytime Press #



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 9, 2006

REEA TITLE, LLC 13494 WALSINGHAM ROAD LARGO, FL 33774

Subject: REEA TITLE, LLC

Reference Number:

L05000084945

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cc ANNUAL REPORTS SECTION