

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000088294

Entity Name: A & W TITLE, LLC

FILED
Mar 20, 2006
Secretary of State

Current Principal Place of Business:

9780 SW 222 TERRACE
MIAMI, FL 33190 US

New Principal Place of Business:

7390 NW 5 STREET
SUITE #10
PLANTATION, FL 33317 US

Current Mailing Address:

9780 SW 222 TERRACE
MIAMI, FL 33190 US

New Mailing Address:

FEI Number: 20-3425968 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCALESE, ANTHONY V ESQ
499 NW 70TH AVENUE
106
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WEST, SANDRA A
Address: 9780 SW 222 TERRACE
City-St-Zip: MIAMI, FL 33190 US

Title: MGR () Delete
Name: CATALANO, VALERIE
Address: 10180 E. CYPRESS COURT
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: MGR () Delete
Name: SCALESE, ANTHONY V
Address: 499 NW 70TH AVENUE, #106
City-St-Zip: PLANTATION, FL 33317 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: VALERIE CATALANO

MGR

03/20/2006

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