2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2008
Secretary of State

DOCUMENT# L05000088995

Entity Name: ASSET TITLE SERVICES, L.L.C.

Current Principal Place of Business:

15701 STATE RD. 50, SUITE 204
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

15701 STATE RD. 50, SUITE 204
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 20-3389552 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRISCOLL, ANGELA M
928 BRIDGEWAY BLVD.
ORLANDO, FL 32828 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:	MGRM	( ) Delete
Name:	BRASHER, TAMMY L	
Address:	33849 SECRET HILL DR	
City-St-Zip:	LEESBURG, FL 34788	
Title:	MGRM	( ) Delete
Name:	BRISCOLL, ANGELA M	
Address:	928 BRIDGEWAY BLVD	
City-St-Zip:	ORLANDO, FL 32828	
Title:	MGRM	( ) Delete
Name:	KALANGE, JOHN J	
Address:	1115 SALDIVAR RD	
City-St-Zip:	THE VILLAGES, FL 32159	

ADDITIONS/CHANGES:

Title:	MGRM	(X) Change ( ) Addition
Name:	BRASHER, TAMMY L	
Address:	11215 CROOKED RIVER CT	
City-St-Zip:	CLERMONT, FL 34711	
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 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: TAMMY L. BRASHER MGRM 04/16/2008

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