


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90007 008 ****50.00

DOCUMENT # L05000092555 1. Entity Name BEACH TITLE SERVICES, L.L.C.	
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Principal Place of Business 4 LAGUNA STREET, SUITE 100 FT. WALTON BEACH, FL 32548	Mailing Address 4 LAGUNA STREET, SUITE 100 FT. WALTON BEACH, FL 32548
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20001619

2. Principal Place of Business - No P.O. Box # 4 Laguna Street	3. Mailing Address 4 Laguna Street
Suite, Apt. #, etc. Suite 101	Suite, Apt. #, etc. Suite 101

City & State Ft. Walton Beach FL	City & State Ft. Walton Beach FL
Zip 32548	Zip 32548
Country USA	Country USA

01092007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3503360	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent COLBERT, RICHARD M 4 LAGUNA ST. SUITE 101 FT. WALTON BEACH, FL 32548	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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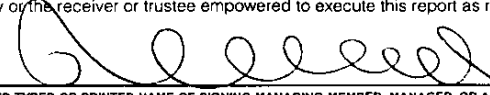
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 1-10-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLBERT, RICHARD M MGR 4 LAGUNA ST., STE. 101 FT. WALTON BEACH, FL 32548 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  1-10-07 850-244-0350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #