2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2006
Secretary of State

DOCUMENT# L05000095000

Entity Name: SYNERGY TITLE OF SOUTHWEST FLORIDA, LLC

Current Principal Place of Business:

730 W. RANDOLPH ST.
6TH FLOOR
CHICAGO, IL 60661 US

New Principal Place of Business:

Current Mailing Address:

730 W. RANDOLPH ST.
6TH FLOOR
CHICAGO, IL 60661 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: LOETHEN, BARTLY J
Address: 730 W. RANDOLPH ST., 6 FL
City-St-Zip: CHICAGO, IL 60661 US

Title: MGR ( ) Delete
Name: GILMORE, JONATHAN B
Address: 3914 W. 140TH DRIVE
City-St-Zip: LEAWOOD, KS 66224 US

Title: MGR ( ) Delete
Name: ROBERSON, KYLE
Address: 730 W. RANDOLPH ST., 6 FL
City-St-Zip: CHICAGO, IL 60661 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: BARTLY LOETHEN MGR 03/07/2006

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