2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000095539

TITLÉ COMPANY OF FLORIDA, LLC



Principal Place of Business

1666 KENNEDY CAUSEWAY

SUITE 302

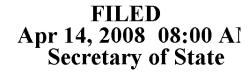
NORTH BAY VILLAGE, FL 33141

Mailing Address

1666 KENNEDY CAUSEWAY

SUITE 302

MIAMI BEACH, FL 33141





04092008 No Chg-LLC

CR2E083 (12/07)

_		 	7
4.	FEI Number		Applied For
	20-3746300		Not Applicable
5.	Certificate of Status Desired	\$5.00 Additional	

6. Name and Address of Current Registered Agent

SOLOMON & FURSHMAN, LLP 1666 KENNEDY CAUSEWAY SUITE 302 NORTH BAY VILLAGE, FL 33141 DO NOT WRITE IN THIS SPACE

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, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

000000895129 04/24/08-80057-006 138.75

9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FURSHMAN, MICHAEL A 1666 KENNEDY CAUSEWAY, SUITE 302 NORTH BAY VILLAGE, FL 33141	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOLOMON, BEN 1666 KENNEDY CAUSEWAY, SUITE 302 NORTH BAY VILLAGE, FL 33141	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE