

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000106569

FILED
Jul 07, 2006
Secretary of State

Entity Name: CONNECTION TITLE LLC

Current Principal Place of Business:

3046 DEL PRADO BLVD.
CAPE CORAL, FL 33904

New Principal Place of Business:

3046 DEL PRADO BLVD.
UNIT 3D
CAPE CORAL, FL 33904

Current Mailing Address:

3046 DEL PRADO BLVD.
CAPE CORAL, FL 33904

New Mailing Address:

3046 DEL PRADO BLVD.
UNIT 3D
CAPE CORAL, FL 33904

FEI Number: 20-3718694 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BOUCHARD, THERESA
1011 SE 6TH STREET
CAPE CORAL, FL 33990 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: BOUCHARD, THERESA
Address: 1011 SE 6TH STREET
City-St-Zip: CAPE CORAL, FL 33990

Title: MGRM () Delete
Name: ROMAN, MAYTEE
Address: 3046 DEL PRADO BLVD.
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: ROMAN, MAYTEE
Address: 3114 SW 21ST PLACE
City-St-Zip: CAPE CORAL, FL 33914

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: THERESA BOUCHARD

MGRM

07/07/2006

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