2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 04, 2006 8:00 am Secretary of State

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DOCUMENT # L05000111305 1. Entity Name WEST COAST TITLE & CLOSING SERVICES, LLC					05-04-2006 90031 050 ****50.00					
Principal Place of Business Mailing Address					1					
3080 TAMIAMI TRAIL EAST NAPLES, FL 34112		3080 TAMIAMI TRAIL EAST NAPLES, FL 34112								
Principal Place of Business 3. Mailing Address			• • •							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			+	48191 BIIN BBN 38111 BBN	en itami fiman ilaan		1001 RK 1901	
				. <u>.</u>	02082006	Chg-LLC	CR2E083	<u> </u>		
City & State		City & State			4. FEI Number	379680	09		plied For t Applicable	
Zip	Zip Country		Zip Country		5. Certificate	of Status Desired	□ \$5	5.00 Add		
6. Nan	ne and Address of Current i	Registered Agent			7. Name and	Address of New R	egistered Age	ent		
			-	Name						
COGHILL, TRACY	Street Address		(P.O. Box Number	er is Not Acceptable)					
NAPLES, FL 3411	2		Ī							
				City	FL Zip Code					
The above named en the obligations of reg	tity submits this statement for istered agent.	the purpose of changing its	registere	d office or register	red agent, or bot	th, in the State of Flo	rida. I am fan	niliar with,	and accept	
SIGNATURE	ert or outstand name of conjectured arount a	and title if applicable JNOT	F: Renstered	Angol signature required	d when remetalized	_ <u></u>	DATE			
SIGNATURE	ed or printed name of registered agent a	and title if applicable. {NOTI	E; Registered	Agent signature required	d when reinstating)		DATE			
SIGNATURE Signature, typ	ed or printed name of registered agent a is \$50.00 ay 1, 2006	nd title if applicable. (NOTi	E: Røgistered	Agent signature required	d when reinstaling)		DATE e check pay n Departmen			
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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 have the same legal effect as if made under oath; that I am a managing member or manager of the limited flability company or the fleeever or trained employeed to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Date OF PRINTED NAME OF PROPER MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayling Phone &