

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000115319

FILED
Feb 14, 2006
Secretary of State

Entity Name: STATEWIDE TITLE & ESCROW COMPANY, LLC

Current Principal Place of Business:

2125 BISCAYNE BLVD., SUITE 370
MIAMI, FL 33137

New Principal Place of Business:

2800 BISCAYNE BLVD.
SUITE 777
MIAMI, FL 33137

Current Mailing Address:

2125 BISCAYNE BLVD., SUITE 370
MIAMI, FL 33137

New Mailing Address:

2800 BISCAYNE BLVD.
SUITE 777
MIAMI, FL 33137

FEI Number: 20-3872872

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAW OFFICES OF JORGE L. FLORES, P.A.
11440 N. KENDALL DRIVE, PH 400
MIAMI, FL 33176 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: FLORES, JORGE L
Address: 11440 N. KENDALL DRIVE, PH 400
City-St-Zip: MIAMI, FL 33176

Title: MGR () Delete
Name: HERNANDEZ, JACQUELINE
Address: 2125 BISCAYNE BLVD., #370
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: HERNANDEZ, JACQUELINE
Address: 2800 BISCAYNE BLVD, STE. 777
City-St-Zip: MIAMI, FL 33137

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: JACQUELINE HERNANDEZ

MGR

02/14/2006

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