

**2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L05000116060

**FILED**  
**May 24, 2007**  
**Secretary of State****Entity Name:** CHAIN OF TITLE, LLC**Current Principal Place of Business:**441 S. STATE RD. 7, SUITE 18  
MARGATE, FL 33068 US**New Principal Place of Business:**621 N.W. 53 ST.  
#420  
BOCA RATON, FL 33487 US**Current Mailing Address:**441 S. STATE RD. 7, SUITE 18  
MARGATE, FL 33068 US**New Mailing Address:**621 N.W. 53 ST.  
#420  
BOCA RATON, FL 33487 US**FEI Number:** 11-3763851**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SCRIMA, ANNAMARIE  
3200 NW. 46TH STREET  
104  
FORT LAUDERDALE, FL 33309 US**Name and Address of New Registered Agent:**SCRIMA, ANNAMARIE  
621 N.W. 53 ST.  
420  
BOCA RATON, FL 33487 US

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:** ANNAMARIE SCRIMA

05/24/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:****Title:** MGR ( ) Delete  
**Name:** SCRIMA, ANNAMARIE  
**Address:** 3200 NW 46TH STREET, STE 104  
**City-St-Zip:** FORT LAUDERDALE, FL 33309 US**ADDITIONS/CHANGES:****Title:** MGR (X) Change ( ) Addition  
**Name:** SCRIMA, ANNAMARIE  
**Address:** 621 N.W. 53 ST. #420  
**City-St-Zip:** BOCA RATON, FL 33487 US

I hereby certify that the information supplied with this filing does not qualify 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:** ANNAMARIE SCRIMMA

MGR

05/24/2007

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