

**2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L05000122321

**FILED**  
**Sep 10, 2007**  
**Secretary of State****Entity Name:** THE COSMOPOLITAN TITLE GROUP LLC**Current Principal Place of Business:**8300 NW 53 ST  
SUITE 350  
DORAL, FL 33166**New Principal Place of Business:****Current Mailing Address:**8300 NW 53 ST  
SUITE 350  
DORAL, FL 33166**New Mailing Address:****FEI Number:** 20-3995366**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**DIAZ, JESIKA  
8300 NW 53 ST  
SUITE 350  
DORAL, FL FL 33166 US**Name and Address of New Registered Agent:**FROMETA, IVETTE  
8300 NW 53 ST  
SUITE 350  
DORAL, FL FL 33166 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: IVETTE FROMETA

09/10/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**Title: MGR ( ) Delete  
Name: DIAZ, JESIKA  
Address: 853 E 24 STREET  
City-St-Zip: HIALEAH, FL 33013 USTitle: MGR (X) Delete  
Name: FROMETA, IVETTE  
Address: 14250 SW 62 STREET #424  
City-St-Zip: MIAMI, FL 33183 US**ADDITIONS/CHANGES:**Title: MGR (X) Change ( ) Addition  
Name: FROMETA, IVETTE  
Address: 8300 NW 53 ST, SUITE 350  
City-St-Zip: DORAL, FL 33166 USTitle: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: IVETTE FROMETA

MGR

09/10/2007

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