2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2007
Secretary of State

DOCUMENT# L05000122747

Entity Name: PREMIER CHOICE TITLE & ESCROW, LLC

Current Principal Place of Business:

1868 N UNIVERSITY DRIVE
SUITE #201
PLANTATION, FL 33322

New Principal Place of Business:

Current Mailing Address:

1868 N UNIVERSITY DRIVE
SUITE #201
PLANTATION, FL 33322

New Mailing Address:

FEI Number: 20-3953022 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

AUGUSTIN, NELDA
10730 NW 14TH STREET
SUITE #179
PLANTATION, FL 33322 US

Name and Address of New Registered Agent:

CHERASARD & ASSOCIATES, P.A.
1868 N. UNIVERSITY DRIVE
SUITE 201
PLANTATION, FL 33322 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: ROLAND CHERASARD 03/06/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: PR. ( ) Delete
Name: AUGUSTIN, NELDA
Address: 1868 N UNIVERSITY DRIVE, #201
City-St-Zip: PLANTATION, FL 33322

Title: VP. (X) Delete
Name: CHERASARD, ROLAND
Address: 1868 N UNIVERSITY DRIVE, #201
City-St-Zip: PLANTATION, FL 33322

ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition
Name: CHERASARD, ROLAND
Address: 1868 N UNIVERSITY DRIVE, #201
City-St-Zip: PLANTATION, FL 33322

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

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: ROLAND CHERASARD PRES 03/06/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date