

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000122752

FILED
Feb 14, 2006
Secretary of State

Entity Name: 1ST FLORIDA TITLE SERVICES, LLC

Current Principal Place of Business:

4925 SHERIDAN STREET
SUITE 102
HOLLYWOOD, FL 33021

New Principal Place of Business:

2699 STIRLING ROAD
BUILDING B, SUITE 200
FORT LAUDERDALE, FL 33312

Current Mailing Address:

4925 SHERIDAN STREET
SUITE 102
HOLLYWOOD, FL 33021

New Mailing Address:

2699 STIRLING ROAD
BUILDING B, SUITE 200
FORT LAUDERDALE, FL 33312

FEI Number: 20-4008635

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE LAW OFFICE OF NYDIA MENENDEZ, LLC
4925 SHERIDAN STREET
SUITE 102
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

THE LAW OFFICE OF NYDIA MENENDEZ, LLC
2699 STIRLING ROAD
BUILDING B, SUITE 200
FORT LAUDERDALE, FL 33312 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: NYDIA MENENDEZ

02/14/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MENENDEZ, NYDIA
Address: 4925 SHERIDAN STREET, SUITE 102
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MENENDEZ, NYDIA
Address: 2699 STIRLING ROAD, BUILDING B, SUITE 200
City-St-Zip: FORT LAUDERDALE, FL 33312

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: NYDIA MENENDEZ

MGR

02/14/2006

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