

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000014935

FILED
Jan 17, 2007
Secretary of State

Entity Name: AACCURATE TITLE SERVICES, LLC

Current Principal Place of Business:

403 JOAN AVE. NORTH, UNIT B
LEHIGH ACRES, FL 33971

New Principal Place of Business:

403 JOAN AVE. NORTH
UNIT B
LEHIGH ACRES, FL 33971

Current Mailing Address:

403 JOAN AVE. NORTH, UNIT B
LEHIGH ACRES, FL 33971

New Mailing Address:

403 JOAN AVE. NORTH
UNIT B
LEHIGH ACRES, FL 33971

FEI Number: 20-4216662

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRED, GEORGE
4701 PALM TREE BLVD.
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

FRED, GEORGE
2321 SW 5TH AVENUE
CAPE CORAL, FL 33991 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: GEORGE FRED

01/17/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FELDMAN, BONNIE S
Address: 9970 SAILVIEW COURT, #15
City-St-Zip: FORT MYERS, FL 33905

Title: MGR () Delete
Name: FRED, GEORGE
Address: 4701 PALM TREE BLVD.
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: FRED, GEORGE
Address: 2321 SW 5TH AVENUE
City-St-Zip: CAPE CORAL, FL 33991

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: GEORGE FRED

MGR

01/17/2007

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