


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90193 035 ****50.00

DOCUMENT # L06000015634	
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1. Entity Name DYNASTY TITLE, LLC	Principal Place of Business 4650 LIPSCOMB STREET NE, SUITE 34 PALM BAY, FL 32905	Mailing Address 4650 LIPSCOMB STREET NE, SUITE 34 PALM BAY, FL 32905
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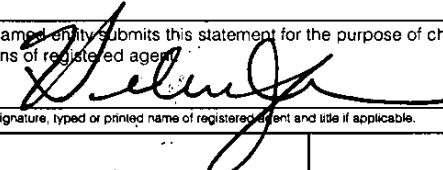
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01082007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4074008	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent
JACKSON, HELEN 4650 LIPSCOMB STREET NE, SUITE 34 PALM BAY, FL 32905

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAMILTON, TERRI			NAME			
STREET ADDRESS	1048 FAIRPLAY AVENUE NW			STREET ADDRESS			
CITY-ST-ZIP	PALM BAY, FL 32907			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAMILTON, LARRY			NAME			
STREET ADDRESS	1048 FAIRPLAY AVENUE NW			STREET ADDRESS			
CITY-ST-ZIP	PALM BAY, FL 32907			CITY-ST-ZIP			
TITLE	MGRM	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COZAD, DAVID			NAME			
STREET ADDRESS	223 STONY POINT DRIVE			STREET ADDRESS			
CITY-ST-ZIP	SEBASTIAN, FL 32958			CITY-ST-ZIP			
TITLE	MGRM	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COZAD, ZOILA			NAME			
STREET ADDRESS	223 STONY POINT DRIVE			STREET ADDRESS			
CITY-ST-ZIP	SEBASTIAN, FL 32958			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACKSON, HELEN			NAME			
STREET ADDRESS	741 CHELSEA AVENUE NE			STREET ADDRESS			
CITY-ST-ZIP	PALM BAY, FL 32905			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-26-07