

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000017562

Entity Name: ONE TITLE, LLC

FILED
Apr 10, 2007
Secretary of State

Current Principal Place of Business:

1423 SE 10TH STREET
CAPE CORAL, FL 33990

New Principal Place of Business:

1423 SE 10TH STREET
1-B
CAPE CORAL, FL 33990

Current Mailing Address:

1423 SE 10TH STREET
CAPE CORAL, FL 33990

New Mailing Address:

1423 SE 10TH STREET
1-B
CAPE CORAL, FL 33990

FEI Number: 20-4324759

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARRAGE, MARCELLA A
1423 SE 18TH STREET
CAPE CORAL, FL 33990 US

Name and Address of New Registered Agent:

LITCHFIELD, VAL
1423 SE 18TH STREET
CAPE CORAL, FL 33990 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: VAL LITCHFIELD

04/10/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BARRAGE, MARCELLA A
Address: 1423 SE 18TH STREET
City-St-Zip: CAPE CORAL, FL 33990 US

Title: MGRM (X) Delete
Name: LITCHFIELD, VAL
Address: 1423 SE 18TH STREET
City-St-Zip: CAPE CORAL, FL 33990 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LITCHFIELD, VAL
Address: 1423 SE 18TH STREET
City-St-Zip: CAPE CORAL, FL 33990 US

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: VAL LITCHFIELD

MGRM

04/10/2007

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