


FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90053 007 ****50.00

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**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L06000022842 1. Entity Name STATE TITLE & ASSOCIATES, LLC		
Principal Place of Business 8370 W. FLAGLER ST. SUITE #110 MIAMI, FL 33144		Mailing Address 8370 W. FLAGLER ST. SUITE #110 MIAMI, FL 33144
2. Principal Place of Business - No P.O. Box # 9240 SW 72 ST <small>Suite, Apt. #, etc.</small> # 118		3. Mailing Address 9240 SW 72 ST <small>Suite, Apt. #, etc.</small> # 118
City & State Miami, FL		City & State Miami, FL
Zip 33173		Zip 33173
Country Miami-Dade		Country Miami-Dade
4. FEI Number 65-1269687		Applied For For Applicant <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent OVIEDO-REYES, ALFONSO 8370 W. FLAGLER ST. SUITE #110 MIAMI, FL 33144		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State 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 _____ <small>Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reissuing)</small>		
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	NAME OVIEDO-REYES, ALFONSO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8370 W. FLAGLER STREET, SUITE #110	CITY-STATE-ZIP MIAMI, FL 33144	<input type="checkbox"/> Delete
TITLE MGRM	NAME HERNANDEZ, MARIBEL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2630 SW 151 AVE	CITY-STATE-ZIP MIAMI, FL 33185	<input type="checkbox"/> Delete
TITLE MGRM	NAME 15442 SW 31 LN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS MIAMI, FL 33185	CITY-STATE-ZIP MIAMI, FL 33185	<input type="checkbox"/> Delete
TITLE MGRM	NAME MGRM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS MGRM	CITY-STATE-ZIP MGRM	<input type="checkbox"/> Delete
TITLE MGRM	NAME MGRM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS MGRM	CITY-STATE-ZIP MGRM	<input type="checkbox"/> Delete
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 recipient or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE: Maribel Hernandez		Date: 4/27/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date