


FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90119 045 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000025605			
1. Entity Name M TITLE GROUP LLC			
Principal Place of Business 13899 BISCAYNE BLVD. PH 12 NORTH MIAMI BEACH, FL 33181		Mailing Address 13899 BISCAYNE BLVD. PH 12 NORTH MIAMI BEACH, FL 33181	
2. Principal Place of Business - No P.O. Box # 13899 Biscayne Blvd.		3. Mailing Address	
Suite, Apt. #, etc. 318		Suite, Apt. #, etc.	
City & State North miami Beach, FL		City & State	
Zip 33181	Country Trade	Zip	Country
4. FEI Number 204465424		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 REYES, MELINDA 13899 BISCAYNE BLVD., PH 12 NORTH MIAMI BEACH, FL 33181		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 <u><i>Lourdes Lopez</i></u> 3/30/07 <small>(Signature, typed or printed name of registered agent and fee is applicable) (NOTE: Registered Agent signature required when reinstating) DATE</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 NAME STREET ADDRESS CITY - ST - ZIP	MGRM LOPEZ, LOURDES 13899 BISCAYNE BLVD. PH12 NORTH MIAMI BEACH, FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13899 Biscayne Blvd, Suite 318 North miami Beach, FL 33181
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM REYES, MELINDA 13899 BISCAYNE BLVD. PH 12 NORTH MIAMI BEACH, FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13899 Biscayne Blvd, Suite 318 North miami Beach, FL 33181
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Lourdes Lopez* **3/30/07** 305-341-3500