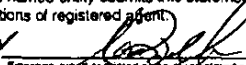
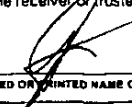


FILED
Jul 17, 2007 8:00 am
Secretary of State

05-03-2007 90254 039 ****55.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

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DOCUMENT # L06000040580			
1. Entity Name TITLE ACQUISITION II, LLC			
Principal Place of Business 3102 W WATERS AVE SUITE 103A TAMPA, FL 33614		Mailing Address 3102 W WATERS AVE SUITE 103A TAMPA, FL 33614	
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
4. FEI Number 86-1166378		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LICASTRO, LAURA M 3102 W WATERS AVE SUITE 103A TAMPA, FL 33614		7. Name and Address of New Registered Agent Name SAM I REIDER Street Address (P.O. Box Number is Not Acceptable) 2109 E PALM AVE SUITE 202 City TAMPA FL Zip Code 33605	
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  SAM I REIDER DATE 7/2/07 (NOTE: Registered Agent signature is required when reappointing)			
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 MGR NAME TITLE ACQUISITION, LLC STREET ADDRESS 3825 HENDERSON BLVD, SUITE 208-C CITY-ST-ZIP TAMPA, FL 33628 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE MGR NAME J. T. PELT STREET ADDRESS 3104 W. WATERS AVE SUITE 203B CITY-ST-ZIP TAMPA, FL 33614 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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:  J. T. PELT DATE 4/3/07 TELEPHONE 813-288-0420			