

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L06000044600

1. Entity Name  
WATERMARK TITLE GROUP, LLC



**FILED  
Jan 17, 2007 8:00 am  
Secretary of State**

01-17-2007 90010 046 \*\*\*\*50.00

Principal Place of Business  
ONE BEACH CLUB DR.  
905  
MIRAMAR BEACH, FL 32550

Mailing Address  
120 W. MAIN STREET  
206  
NORTHLAKE, MI 48167

2. Principal Place of Business - No P.O. Box # <i>1394 C.R.</i>	3. Mailing Address		
Suite, Apt. #, etc. <i>283 South Bldg #5</i>	Suite, Apt. #, etc.		
City & State <i>Grayton Beach, FL</i>	City & State		
Zip <i>32459</i>	Country <i>Walton</i>		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RUSSELL, FRANCHI G ONE BEACH CLUB DR. 905 MIRAMAR BEACH, FL 32550		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: _____			
<small>Signature, typed or printed name of registered agent and title if applicable.</small> (NOTE: Registered Agent signature required when reinstating) <span style="float: right;">DATE _____</span>			
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	MGR RUSSELL, FRANCHI G ONE BEACH CLUB DR., SUITE #905 MIRAMAR BEACH, FL 32550	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Russell G Franchi

Date

Daytime Phone #