

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000051857

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: CRISTAL CLEAR TITLE AGENCY LLC

**Current Principal Place of Business:**

12800 UNIVERSITY DR., SUITE 260  
FT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

12800 UNIVERSITY DR., SUITE 260  
FT MYERS, FL 33907

**New Mailing Address:**

FEI Number: 20-4903636

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PHOENIX, CHARLES PT ESQ.  
12800 UNIVERSITY DR., SUITE 260  
FT MYERS, FL 33907 US

**Name and Address of New Registered Agent:**

BOWER, HOLLY A. ESQ.  
12800 UNIVERSITY DR., SUITE 260  
FT MYERS, FL 33907 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: HOLLY A. BOWER, ESQ.

04/30/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PHOENIX, CHARLES PT ESQ.  
Address: 12800 UNIVERSITY DR., SUITE 260  
City-St-Zip: FT MYERS, FL 33907

Title: MGR ( ) Delete  
Name: SCHWARZ, DAVID  
Address: 12800 UNIVERSITY DR., SUITE 260  
City-St-Zip: FT MYERS, FL 33907

Title: MGR ( ) Delete  
Name: MELANSON, NOELLE M ESQ.  
Address: 12800 UNIVERSITY DR., SUITE 260  
City-St-Zip: FT MYERS, FL 33907

Title: MGR ( ) Delete  
Name: WOLK, DOUGLAS B ESQ.  
Address: 12800 UNIVERSITY DR., SUITE 260  
City-St-Zip: FT MYERS, FL 33907

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: NOELLE M. MELANSON, ESQ.

MGR

04/30/2007

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