

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000055565

FILED
Jan 12, 2007
Secretary of State

Entity Name: SUPREME TITLE & ESCROW SE, LLC.

Current Principal Place of Business:

1489-2D SW 17TH STREET
FORT LAUDERDALE,, FL 33316 US

New Principal Place of Business:

Current Mailing Address:

1489-2D SW 17TH STREET
FORT LAUDERDALE,, FL 33316 US

New Mailing Address:

FEI Number: 20-4956513

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITTELBERG & NICOSIA, P.A.
1700 UNIVERSITY DRIVE
110
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MITTELBERG, BARRY S
Address: 1700 UNIVERSITY DRIVE, SUITE 110
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: MGRM () Delete
Name: NICOSIA, GIOVANNI
Address: 1700 UNIVERSITY DRIVE, SUITE 110
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: MGRM () Delete
Name: HANDLER, LOUIS D
Address: 2445 SW 19TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33312 US

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: BARRY S. MITTELBERG

MGRM

01/12/2007

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