


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90331 008 \*\*\*\*50.00

**DOCUMENT # L06000057164**

1. Entity Name  
**US TITLE & ESCROW SERVICES, LLC**



Principal Place of Business  
**201 ALHAMBRA CIRCLE, STE. 502  
 CORAL GABLES, FL 33134**

Mailing Address  
**201 ALHAMBRA CIRCLE, STE. 502  
 CORAL GABLES, FL 33134**

**60047319**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc. **Ste 700**

3. Mailing Address  
 Suite, Apt. #, etc. **Ste 700**

City & State  
 City & State

Zip Country Zip Country

04302007 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**ARVESU & ASSOCIATES, PLLC  
 201 ALHAMBRA CIRCLE, STE. 502  
 CORAL GABLES, FL 33034**

7. Name and Address of New Registered Agent  
 Name **Manuel M. Arvesu**  
 Street Address (P.O. Box Number is Not Acceptable)  
**201 Alhambra Circle**  
**Ste 700**  
 City **Coral Gables** FL Zip Code **33134**

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  DATE **4/30/07**

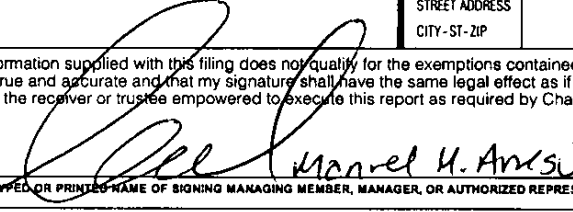
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2007**



9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	<b>MGR</b>	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ARVESU, MANUEL M</b>			NAME			
STREET ADDRESS	<b>201 ALHAMBRA CIRCLE, STE. 502</b>			STREET ADDRESS	<b>Suite 700</b>		
CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 606, Florida Statutes.

SIGNATURE:  DATE **4/30/07** DAYTIME PHONE # **305.442-2558**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE