2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 03, 2007
Secretary of State

DOCUMENT# L06000065327

Entity Name: MAJESTY TITLE SERVICES, LLC

Current Principal Place of Business:

2923 W. WALLCRAFT AVENUE
TAMPA, FL 33611

New Principal Place of Business:

Current Mailing Address:

2923 W. WALLCRAFT AVENUE
TAMPA, FL 33611

New Mailing Address:

FEI Number: 20-5140428 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASSIDY, VINCENT J
2923 W. WALLCRAFT AVENUE
TAMPA, FL 33611 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:	CASSIDY, VINCENT J	
Address:	2923 W. WALLCRAFT AVENUE	
City-St-Zip:	TAMPA, FL 33611	
Title:	MGRM	( ) Delete
Name:	TENETY, VINCENT	
Address:	179 LITTLE EAST NECK ROAD	
City-St-Zip:	BABYLON, NY 11702	
Title:	MGRM	( ) Delete
Name:	POWELL, RALPH	
Address:	155 POMPTON AVENUE SUITE 206	
City-St-Zip:	VERONA, NJ 07044	

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: VINCENT J. CASSIDY MGRM 01/03/2007

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