

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

03-27-2007 90202 006 ****50.00

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|--|--|--|---|---|--|
| DOCUMENT # L06000090873 1. Entity Name NORTHEAST FLORIDA TITLE COMPANY, LLC | | | | | |
| Principal Place of Business 972 COLLINSWOOD DRIVE JACKSONVILLE, FL 32225 | | | Mailing Address 972 COLLINSWOOD DRIVE JACKSONVILLE, FL 32225 | | |
| 2. Principal Place of Business - No P.O. Box # 10175 FORTUNE PKWY | | 3. Mailing Address 10175 FORTUNE PKWY | | | |
| Suite, Apt. #, etc. STE 305-A | | Suite, Apt. #, etc. STE 305-A | | | |
| City & State JACKSONVILLE FL | | City & State JACKSONVILLE FL | | 4. FEI Number 01-0874494 | |
| Zip 32256 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ANDERSON, JAMES A 972 COLLINSWOOD DRIVE JACKSONVILLE, FL 32225 | | | 7. Name and Address of New Registered Agent Name ADAM DELI Street Address (P.O. Box Number is Not Acceptable) 10175 FORTUNE PKWY STE 305-A City JACKSONVILLE FL Zip Code 32256 | | |
| 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 <u><i>Adam Deli</i></u> ADAM DELI 3/22/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| 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 | MGRM ANDERSON, JAMES A 972 COLLINSWOOD DRIVE JACKSONVILLE, FL 32225 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | member ADAM DELI 1210 PALMER TERRACE JACKSONVILLE FL 32207 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DELI, ADAM M 972 COLLINSWOOD DRIVE JACKSONVILLE, FL 32225 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DUBE, SARA G 1145 LINWOOD LOOP JACKSONVILLE, FL 32259 | <input checked="" 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: <u><i>Adam Deli</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | Date 3/22/07 (904) 655-0330 <small>Daytime Phone #</small> | | |