

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000107492

Entity Name: 1ST CLASS TITLE CO., LLC

FILED  
Jan 02, 2007  
Secretary of State

## Current Principal Place of Business:

16262 BIRCHWOOD WAY  
ORLANDO, FL 32828

## New Principal Place of Business:

106 S. SEMORAN BLVD  
ORLANDO, FL 32807

## Current Mailing Address:

16262 BIRCHWOOD WAY  
ORLANDO, FL 32828

## New Mailing Address:

106 S. SEMORAN BLVD  
ORLANDO, FL 32807

FEI Number: 30-0389980

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CENDANA, JOSHUA  
426 SOUTHERN CHARM  
ORLANDO, FL 32807 US

## Name and Address of New Registered Agent:

CENDANA, JOSHUA  
426 SOUTHERN CHARM DRIVE  
ORLANDO, FL 32807 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: JOSHUA CENDANA

01/02/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: IRIZARRY, LUZ M  
Address: 16262 BIRCHWOOD WAY  
City-St-Zip: ORLANDO, FL 32828

Title: MGRM ( ) Delete  
Name: JMC CAPITAL, LLC,  
Address: 71 STOCKADE RD  
City-St-Zip: SOUTH GLASTONBURY, CT 06073

## ADDITIONS/CHANGES:

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: LUZ IRIZARRY

MGRM

01/02/2007

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