

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000109665

Entity Name: PSJ TITLE SERVICES, LLC

FILED
Mar 27, 2007
Secretary of State

Current Principal Place of Business:

13377 WEST DIXIE HIGHWAY
SUITE A
NORTH MIAMI, FL 33161

New Principal Place of Business:

13377 WEST DIXIE HIGHWAY
SUITE 2A
NORTH MIAMI, FL 33161

Current Mailing Address:

13377 WEST DIXIE HIGHWAY
SUITE A
NORTH MIAMI, FL 33161

New Mailing Address:

13377 WEST DIXIE HIGHWAY
SUITE 2A
NORTH MIAMI, FL 33161

FEI Number: 20-8216471

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAINTVIL-JOSEPH, PATRICIA
13377 WEST DIXIE HIGHWAY
SUITE A
NORTH MIAMI, FL 33161 US

Name and Address of New Registered Agent:

SAINTVIL-JOSEPH, PATRICIA
13377 WEST DIXIE HIGHWAY
SUITE 2A
NORTH MIAMI, FL 33161 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: PATRICIA SAINTVIL-JOSEPH

03/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SAINTVIL-JOSEPH, PATRICIA
Address: 13377 WEST DIXIE HIGHWAY, SUITE A
City-St-Zip: NORTH MIAMI, FL 33161

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SAINTVIL-JOSEPH, PATRICIA
Address: 13377 WEST DIXIE HIGHWAY, SUITE 2A
City-St-Zip: NORTH MIAMI, FL 33161

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: PATRICIA SAINTVIL-JOSEPH

MGR

03/27/2007

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