2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2007
Secretary of State

DOCUMENT# L06000114803

Entity Name: MRW TITLE, LLC

Current Principal Place of Business:

6363 TAFT STREET
310
HOLLYWOOD, FL 33024

New Principal Place of Business:

6363 TAFT STREET
102
HOLLYWOOD, FL 33024

Current Mailing Address:

6363 TAFT STREET
SUITE 102
HOLLYWOOD, FL 33024

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MICHAEL, WILLIAMS
1111 SW 88 WAY
PEMBROKE PINES, FL 33025 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:	P	( ) Delete
Name:	WILLIAMS, MICHAEL R	
Address:	1111 SW 88 WAY	
City-St-Zip:	PEMBROKE PINES, FL 33025	
Title:	VP	( ) Delete
Name:	PETERKIN, FERN A	
Address:	1111 SW 88 WAY	
City-St-Zip:	PEMBROKE PINES, FL 33025	
Title:	D	( ) Delete
Name:	GASTON, CHERYL	
Address:	1111 SW 88 WAY	
City-St-Zip:	PEMBROKE PINES, FL 33025	

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: FERN PETERKIN P 01/27/2007

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