2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2008
Secretary of State

DOCUMENT# L07000062520

Entity Name: FIRST AFFILIATED TITLE OWNERS LLC

Current Principal Place of Business:

1200 N.W. 17TH AVENUE
SUITE 5
DELRAY BEACH, FL 33445

New Principal Place of Business:

312 S. OLD DIXIE HIGHWAY
SUITE 206
JUPITER, FL 33458

Current Mailing Address:

1200 N.W. 17TH AVENUE
SUITE 5
DELRAY BEACH, FL 33445

New Mailing Address:

312 S. OLD DIXIE HIGHWAY
SUITE 206
JUPITER, FL 33458

FEI Number: 65-1308253 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEINSTEIN, RICHARD S
1200 N.W. 17TH AVENUE
SUITE 5
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

WEINSTEIN, RICHARD S
312 S. OLD DIXIE HIGHWAY
SUITE 206
JUPITER, FL 33458 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: RICHARD S. WEINSTEIN 02/11/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: FLORIDA FIDELITY TIT, LE & ESCROW, L L C
Address: 1200 N.W. 17TH AVE., SUITE 5
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: FLORIDA FIDELITY TIT, LE & ESCROW, L L C
Address: 312 S. OLD DIXIE HIGHWAY, SUITE 206
City-St-Zip: JUPITER, FL 33458

I hereby certify that the information supplied with this filing does not qualify 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: RICHARD S. WEINSTEIN MGR 02/11/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date