2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# L07000085764

Entity Name: AD VALOREM ESCROW SERVICES, LLC

Current Principal Place of Business:

1802 N. UNIVERSITY DRIVE
152
PLANTATION, FL 33322 US

New Principal Place of Business:

Current Mailing Address:

1802 N. UNIVERSITY DRIVE
152
PLANTATION, FL 33322 US

New Mailing Address:

FEI Number: 26-2160444 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FRASER, DEVON
1802 N. UNIVERSITY DRIVE
SUITE 152
PLANTATION, FL 33322 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: MGR ( ) Delete
Name: FRASER, DEVON
Address: 1802 N. UNIVERSITY DRIVE, STE 152
City-St-Zip: PLANTATION, FL 33322 US

Title: MGR ( ) Delete
Name: MILIAN, JESSICA
Address: 1802 N. UNIVERSITY DRIVE, STE 152
City-St-Zip: PLANTATION, FL 33322 US

Title: MGR ( ) Delete
Name: GUEVAREZ, ROSA
Address: 1802 N. UNIVERSITY DRIVE, STE 152
City-St-Zip: PLANTATION, FL 33322 US

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 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: DEVON FRASER MGR 03/20/2009

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