

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90069 046 \*\*\*138.75

<b>DOCUMENT # L07000114404</b> 1. Entity Name <b>AACCURATE TITLE SERVICES OF SW FL, LLC</b>					
Principal Place of Business <b>403 JOAN AVENUE NORTH UNIT B LEHIGH ACRES, FL 33971</b>			Mailing Address <b>403 JOAN AVENUE NORTH UNIT B LEHIGH ACRES, FL 33971</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>35-2315894</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>BAITSON, ROSEMARY A Esq. 2026 HENLEY PLACE FORT MYERS, FL 33901</b>			7. Name and Address of New Registered Agent Name <b>ROSEMARY A. BAITSON, Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>SAME</b>		
City <b>FL</b>			Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <b>ROSEMARY A BAITSON Esq.</b> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR FELDMAN, BONNIE S 403 JOAN AVENUE NORTH, UNIT B LEHIGH ACRES, FL 33971</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 			Date: <b>1/18/08</b> Daytime Phone #: <b>239-369-0363</b>		