2007 LIMITED LIABILITY COMPANY ANNUAL REPORT.

DOCUMENT # L99000006801

1. Entity Name
ALLSTATE TITLE GROUP, LLC

Principal Place of Business	Mailing Address
4751 SAN JUAN AVENUE, SUITE 12 JACKSONVILLE, FL 32210	4751 SAN JUAN AVENUE, SUITE 12 JACKSONVILLE, FL 32210

DO NOT WRITE IN THIS SPACE

02092007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
59-3596244	Not Applicable

5. Certificate of Status Desired ☐	**$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BETROS, LISA A
4751 SAN JUAN AVENUE, SUITE 12
JACKSONVILLE, FL 32210

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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_____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	BETROS, LISA A
STREET ADDRESS	4751 SAN JUAN AVE., STE 12
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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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: _Lisa Betros_   3/2/07   (904) 384-3554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #