


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90245 033 \*\*\*\*50.00

<b>DOCUMENT # M02000000304</b> 1. Entity Name <b>REAL ESTATE TITLE SERVICES, LLC</b>					
Principal Place of Business <b>9721 ORMSBY STATION RD SUITE 105 LOUISVILLE, KY 40223</b>			Mailing Address <b>9721 ORMSBY STATION RD SUITE 105 LOUISVILLE, KY 40223</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02132006 Chg-LLC CR2E083 (11/05)	
4. FEI Number <b>62-1855058</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>LEVINE, MARK S 245 EAST VIRGINIA STREET TALLAHASSEE, FL 32301</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when remaining) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>				Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR FREIBERT, SHAWN R 161 ST. MATTHEWS AVE. LOUISVILLE, KY 40207</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Managing Member Jordan Pohn 9500 Ormsby Station Rd., Ste. 400 Louisville Kentucky 40223</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MOOSER, CHRIS J 161 ST. MATTHEWS AVE. LOUISVILLE, KY 40207</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>Jordan Pohn 2-15-06</b> <small>Daytime Phone #</small> <b>502-315-1670</b>		



ATTACHMENT  
30002305

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 28, 2006

REAL ESTATE TITLE SERVICES, LLC  
9721 ORMSBY STATION RD  
SUITE 105  
LOUISVILLE, KY 40223

Subject: **REAL ESTATE TITLE SERVICES, LLC**

Reference Number: **M02000000304**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment. - Jordan Pohn is a Managing Member.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CJ  
ANNUAL REPORTS SECTION

3/7/06 - Tele. w/

Debra w/ FL. Dept. of State - she said not to list Members - only Managing Members or Managers. - so take First Res. off if just a member.

P.O. BOX 6478 - Tallahassee, Florida 32314