


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90186 021 ****55.00

DOCUMENT # M04000000141 1. Entity Name USA TITLE, LLC					
Principal Place of Business 2930 BISCAYNE BLVD. MIAMI, FL 33135			Mailing Address 2930 BISCAYNE BLVD. MIAMI, FL 33135		
2. Principal Place of Business - No P.O. Box # 1200 West Avenue		3. Mailing Address SAVE			
Suite, Apt. #, etc. Suite 215		Suite, Apt. #, etc. 			
City & State Miami, Florida		City & State 		4. FEI Number 20-0448854	
Zip 33139		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331				7. Name and Address of New Registered Agent Name Melinda Green Street Address (P.O. Box Number is Not Acceptable) 55 NE 5th Avenue, Suite 500 City Boca Raton FL Zip Code 33432	
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 <u>Melinda Green</u> 2-13-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SK BUSINESS TRUST 2930 BISCAYNE BLVD. MIAMI, FL 33135	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Michael Camilleri 55 NE 5th Avenue Suite 500 Boca Raton, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RF BUSINESS TRUST 2930 BISCAYNE BLVD. MIAMI, FL 33135	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MENIN 1998 FAMILY TRUST 2930 BISCAYNE BLVD. MIAMI, FL 33135	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: <u>Melinda Green</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>2/17/06</u> Daytime Phone # <u>561-703-0457</u>	

60020430



02132007 Chg-LLC CR2E083 (12/06)

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name **Melinda Green**

Street Address (P.O. Box Number is Not Acceptable)

55 NE 5th Avenue, Suite 500

City **Boca Raton**

FL

Zip Code

33432

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SIGNATURE Melinda Green

2-13-07

Signature, typed or printed name of registered agent and title if applicable.

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DATE

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SIGNATURE: Melinda Green

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #