## '2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # M0400000543

1. Entity Name PROPERTY TITLE & ESCROW, LLC



FILED Jan 10, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

2624 LORD BALTIMORE DRIVE STE E BALTIMORE, MD 21244 2624 LORD BALTIMORE DRIVE STE E BALTIMORE, MD 21244



## DO NOT WRITE IN THIS SPACE

01052006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 52-2156341

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TALHAM, WILLIAM F JR 16143 78TH DR N PALM BEACH GARDENS, FL 33418

## DO NOT WRITE IN THIS SPACE

PALIVI BEA	ACH GARDENS, PL 33410	IN THIS SPACE
8. The above the obligat	named entity submits this statement for the purpose of charions of registered agent.	ging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and little If applicable.	(NOTE, Registered Agent signature reduited whon reinstating)
Fi	iling Fee is \$50,00 ue by May 1, 2006	
9,	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	MGRM LAMB, ERIC 2624 LORD BALTIMORE DRIVE STE E BALTIMORE, MD 21244	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LITZAV, DENISE 2624 LORD BALTIMORE DRIVE STE E BALTIMORE, MD 21244	000000381471 01/11/06-80055-010 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEARNS, TIMOTHY 2624 LORD BALTIMORE DRIVE STE E BALTIMORE, MD 21244	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. ( 2

11. I hereby certify that the information supplied with this filling 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

1/5/05

Daytimé Phone #