


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2006 APR -7 PM 2:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M05000000795			
1. Entity Name CENTRAL CLOSING, LLC			
Principal Place of Business 2 VETERANS SQUARE MEDIA, PA 19063		Mailing Address 2 VETERANS SQUARE MEDIA, PA 19063	
2. Principal Place of Business 22 N. 3rd Street		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Philadelphia, PA		City & State	
Zip 19106	Country USA	Zip	Country
4. FEI Number 32-0134003		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City		FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TITLE ABSTRACT CO. OF PA 2 VETERANS SQUARE MEDIA, PA 19063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TITLE ABSTRACT COMPANY OF PENNSYLVANIA 2 VETERANS SQUARE MEDIA, PA 19063 <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
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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: <u>M. Berk</u>		4/3/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

M050000000795

Power of Attorney

NOTICE IS HEREBY GIVEN THAT T.A. Title Insurance Company  
("Corporation"), a corporation incorporated under the laws of Pennsylvania  
does hereby appoint Mary Belton, Donald Garner, Amy Ehnes and Patrick McGrath as  
attorney-in-fact for the Corporation to act for the Corporation and affiliates and subsidiaries of  
the Corporation attached hereto as Exhibit A, specifically incorporated herein by reference ("the  
Subsidiaries") in the Corporation's and Subsidiaries' names for the limited purposes authorized  
herein.

The Corporation and Subsidiaries, having taken all necessary steps to authorize the  
changes, hereby grants it's attorney-in-fact the power to execute the documents necessary to file  
annual reports, annual registrations, and forms of similar import on behalf of the Corporation and  
Subsidiaries in any state and the District of Columbia.

This Power of Attorney expires when revoked by the Corporation or Subsidiaries.

IN WITNESS WHEREOF the undersigned have executed this Power of Attorney on the  
21st day of February, 2006.

MK

Michelle RistFILED  
2006 APR -7 PM 2:31  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

Sworn to and subscribed before me  
this 21st of Feb., 2006

Notary Public, State of PA  
Commission Expires: \_\_\_\_\_

Eileen P. Dever

Notarial Seal  
Eileen P. Dever, Notary Public  
Haverford Twp., Delaware County  
My Commission Expires Sept. 27, 2008