## 2007 LIMITED LIABILITY COMPANY

STREET ADDRESS

CITY-ST-ZIP TIT<u>LE</u>

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

## FILED Jan 29, 2007 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # M05000002859 1. Entity Name DIRECT CONNECT ABSTRACT, L.L.C. Principal Place of Business Mailing Address 3 EAST STOW ROAD 3 EAST STOW ROAD MARLTON, NJ 08053 MARLTON, NJ 08053 CR2E083 (11/05) 01042007 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-2873565 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 IN THIS SPACE 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, typod or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating) DATE UNONNO609273 H2/V1/07/00043-016 50.00 Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS TITLE MGRM SURETY TITLE CORPORATION NAME STREET ADDRESS 3 EAST STOW ROAD CITY-ST-ZIP MARLTON, NJ 08053 mı NAME STREET ADDRESS CITY-ST-ZIP TIBE NAME

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.

DO NOT WRITE

IN THIS SPACE

SIGNATURE:	den Start 1	L John Ganlt	Authorized Rep	1/4/07	(856) 988 - 8900
SIGNATURE AND	TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER, OR AUTHOR	IZED REPRESENTATIVE	Date	Daytime Phone #