

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006648

**FILED**  
**Feb 21, 2006**  
**Secretary of State**

**Entity Name:** TITLE PARTNERS LLC

**Current Principal Place of Business:**

10 NEW ENGLAND BUSINESS CENTER STE 201  
ANDOVER, MA 01810

**New Principal Place of Business:**

224 DATURA STREET  
SUITE 510  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

10 NEW ENGLAND BUSINESS CENTER STE 201  
ANDOVER, MA 01810

**New Mailing Address:**

10 NEW ENGLAND BUSINESS CENTER  
SUITE 205  
ANDOVER, MA 01810

FEI Number: 75-3130593

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

NOEL, DEIRDRE  
339 FRANKLIN ROAD  
WEST PALM BEACH, FL 33405 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SMITH, WENDY  
Address: 10 NEW ENGLAND BUSINESS CENTER STE 201  
City-St-Zip: ANDOVER, MA 01810

Title: MGR ( ) Delete  
Name: HOLZMAN, DAVID  
Address: 10 NEW ENGLAND BUSINESS CENTER STE 201  
City-St-Zip: ANDOVER, MA 01810

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LARRY C. MATULSKY

DIR

02/21/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date