FILED
Aug 24, 2007 8:00 am
Secretary of State
08-24-2007 90045 027 ****55.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000006648

1. Entity Name
TITLE PARTNERS LLC

40130224

Principal Place of Business
224 DATURA STREET
SUITE 510
WEST PALM BEACH, FL 33401

Mailing Address
10 NEW ENGLAND BUSINESS CENTER
SUITE 205
ANDOVER, MA 01810

2. Principal Place of Business No P.O. Box #
Suite, Apt # etc
City & State
Zip | Country

3. Mailing Address
Suite, Apt # etc
City & State
Zip | Country

08092007 Chg-LLC CR2E083 (12/06)

4. FEI Number
75-3130593
Applied For
Not Applicable

5. Certificate of Status Desired ✓ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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: Deirdre Noel, DEIRDRE NOEL, Licensed Title Agent 8.8.07
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)) DATE

Filing Fee is $50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☑ Delete
NAME	SMITH, WENDY	
STREET ADDRESS	10 NEW ENGLAND BUSINESS CENTER STE 201	
CITY-ST-ZIP	ANDOVER, MA 01810	
TITLE	MGR	☐ Delete
NAME	HOLZMAN, DAVID	
STREET ADDRESS	10 NEW ENGLAND BUSINESS CENTER STE 201	
CITY-ST-ZIP	ANDOVER, MA 01810	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: David Holzman DAVID HOLZMAN 8/8/07 978.947.1013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #