

140 W. KUUT SITUUT Providence, RI 02904-2615 401.222.3040

2007

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: September 1 - November 1 - Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

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1. ID No.		name of the limited liability company						
154725	Herita	ge Title, LLC						
3. State of Formation 4. Brief description of the character of the business whi								
KANSAS	!	Title insu	rance agency	% related services				
5. Principal office address			City	State		Zip		
5370 W 95th ST			Prairie Village	KS		66207-3204		
6. MAILING ADDRES	SS OF L	IMITED LIABILITY C	OMPANY AND NAME	OR TITLE OF CONTACT PERS	ON:	T		
Contact Name				Contact Title				
William J. Naulty				Manager				
Street Address			City	State		Zip		
5370 W 95th ST				Prairie Village	Ks Ks		66207-3204	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED MARILITY COMPANY, IF APPLICABLE DO NOT LIST MEMBERS								
7 12 1 V 12 1		FILL IN SPACES	BEFORE USING ATT	CHMENRY (X BOX FOR ATT	ACHMENT)			
Manager Name				Manager Name				
William J. Naulty								
Street Address				Street Address				
5370 W 95th ST								
City		State	Zip	City	State		Zip	
Prairie Vill	.age	KS	66207-3204					
Manager Name				Manager Name				
L								
Street Address				Street Address				
City		State	Zip	City	State		Zip	
2. 200 Strain						ACT LANS AND	1	
*****	T IN RH	ODE ISLAND - DO N	OT ALTER - Changes	require filing of Form 642 -	R.I.G.L. 7-1	b+11		
Agent Name NATIONAL REGISTERED AGENTS, INC.				Address				
			···					
Address 222 JEFFERSON BOULEVARD, SUITE 200				WARWICK		Zip 02888-		
222 JEFFERSON BOOLEVARD, SUITE 200				MANITON		V2000*		

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

is is	FILED	
File Date Check No.	OCT 1 5 2007	
Ву	1941.5	af
	FOR SECRETARY OF STATE USE	ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Signature of Authorized Person

9/4/07

Aliam J. Naulty Print or Type Name of Authorized Person

Form 632 Rev. 07/07