

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L00000002984**

1. Entity Name

**EXCLUSIVE TITLE MATTERS, L.L.C.****FILED**  
**Aug 01, 2002 8:00 am**  
**Secretary of State**

08-01-2002 90166 028 \*\*\*\*50.00

0001809



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
301 CLEMATIS ST., SUITE 3000  
WEST PALM BEACH FL 33401

Mailing Address  
301 CLEMATIS ST., SUITE 3000  
WEST PALM BEACH FL 33401

2. Principal Place of Business  
301 CLEMATIS ST.  
Suite, Apt. #, etc.  
SUITE 203  
City & State  
WEST PALM BEACH  
Zip  
33401  
Country  
USA

3. Mailing Address  
301 CLEMATIS ST.  
Suite, Apt. #, etc.  
SUITE 203  
City & State  
WEST PALM BEACH  
Zip  
33401  
Country  
USA

4. FEI Number **65-0986973**  
Applied For ☐ Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KANJIAN, ROBERT J  
301 CLEMATIS ST., SUITE 3000  
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name  
KANJIAN, ROBERT J.  
Street Address (P.O. Box Number is Not Acceptable)  
301 CLEMATIS ST.  
SUITE 203  
City  
WEST PALM BEACH FL Zip Code  
33401

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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
MGR KANJIAN, ROBERT J 294 CORDOVA RD. WEST PALM BEACH FL 33401	<input type="checkbox"/>		
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 exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)