FILED

Feb 13, 2002 8:00 am

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000003272 **Secretary of State** 1. Entity Name 02-13-2002 90233 009 ****50.00 VERO BEACH TITLE ASSOCIATES, LLC Principal Place of Business Mailing Address 756 BEACHLAND BLVD 756 BEACHLAND BLVD VERO BEACH FL 32963 VERO BEACH FL 32963 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3635570 Not Applicable Zip Zin Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COLLINS, BROWN, CALDWELL, BARKETT & GARAVAGL Street Address (P.O. Box Number is Not Acceptable) 756 BEACHLAND BLVD VERO BEACH FL 32963 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Pavable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ☐ Addition TITLE MGRM ☐ Delete TITLE ☐ Change NAME NAME COLLINS, BROWN, CALDWELL, BARKETT & GARAVA STREET ADDRESS STREET ADDRESS 756 BEACHLAND BLVD CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32963 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

TURE: 1/27 (561) 231-434

SIGNATURE AND TWEED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED BEPRESENTATIVE Date Devicing Phone #

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.