## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

## Apr 22, 2005 08:00 AM Secretary of State DOCUMENT # L00000004307 1. Entity Name PALM COAST TITLE COMPANY, L.L.C. Mailing Address Principal Place of Business 2875 N.E. 191ST STREET, SUITE 500 2875 N.E. 191ST STREET, SUITE 500 AVENTURA, FL 33180 AVENTURA, FL 33180 04192005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1007257 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE RASCO, EDUARDO I 2875 N.E. 191ST STREET, SUITE 500 AVENTURA, FL 33180 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstalling) DATE U00000324727 Filing Fee is \$50.00 Due by May 1, 2005 04/22/05-80107-007 50.00 MANAGING MEMBERS/MANAGERS 9. TITLE MGR 2 GL, INC. NAME 2875 N.E. 191ST STREET, SUITE 500 STREET ADDRESS CITY-ST-ZIP AVENTURA, FL 33180 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE DITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP snot qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information fure shall have the same legal effect as if made under oath; that I am a managing member or manager of the to execute this report as required by Chapter 608, Florida Statutes. I hereby certify that the information s indicated on this report is true and ar limited liability company or the receiver.

OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**FILED**