## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L0000004772

1. Entity Name

## FORTUNE TITLE SERVICES, LLC



**FILED** Apr 16, 2003 8:00 am Secretary of State 04-16-2003 90028 049 \*\*\*\*50.00

MGRM BELKIN, MARNI B 1489 WEST PALMETTO PARK ROAD SUITE 497  STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE N											
2. Principal Place of Business  Suite, Apt. # etc.   Suite, Apt. # etc.   Chy & State	1489 WEST PA SUITE 497	LMETTO PARK ROAD	1489 WEST PALMETTO PARK ROAD SUITE 497								
Suite, Apt. #, etc.   Suite, Apt. #, etc.   CHECK HERE IF MAKING CHANGES  City & State   City & State   4. FEI Number 65-1003022   Applied For Number 65-1003022   Number For Number 65-1003022   Number For Numb	BUCA HATUN	rt. 33400	BUCA NATUN PL 33406				<u> </u>				
City & State  Ci	2. Principal P	lace of Business	3. Mailing Address								
Zip Country Zip Country 5. Certificate of Status Desired	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
Country   Zip   Country   E. Corrificate of Status Desired   \$5.00 Additional Fee Pequipment   Fee Pequipm	City & State	9	City & State			4. FEI Num	nber 65-1003022		<del>_</del>	<del></del>	
BELVIN, MARNI B 1489 WEST PALMETTO PARK ROAD SUTTE 497 BOCA RATION FL 33488  City FL Zip Code  City FL Zip Code  6. 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 farmiliar with, and accept the obligations of registered agent and title if applicable. (NOTE-fregitenee Agent agent are several sever	Zip	Country	Zip	Counti	ry	5. Certifica	te of Status Desired		5.00 Add	litional	
BELVIN, MARNI B 1489 WEST PALMETTO PARK ROAD SUITE 497 BOCA RATION FL 33488  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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$50,00 Make Check Payable to Florida Department of State Due By May 1, 2003  9. MANAGING MEMBERS /MANAGERS  Due By May 1, 2003  PELKIN MARNI B  TITLE  MARNI BELKIN, MARNI B 1489 WEST PALMETTO PARK ROAD SUITE 497  Delete  TITLE  MARI BELKIN, MARNI B 1489 WEST PALMETTO PARK ROAD SUITE 497  Delete  TITLE  MARI SIBERT ADDRESS  CITY-ST-2P  TITLE  MARE  Delete  TITLE  MARE  DELET TOORESS  CITY-ST-2P  TITLE  MARE  DELET TOORESS  CITY-ST-2P  TITLE  Delete  TITLE  MARE  DELET TOORESS  CITY-ST-2P  TITLE  MARE  DELET TOORESS  CITY-ST-2P  TITLE  Delete  TITLE  DELET TOORESS  CITY-ST-2P  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  DELET TOORESS  CITY-ST-2P  TITLE  TOORESS  CITY-ST-2P  TOORESS  CITY-ST-2P  TOORESS  CITY-ST-2P  TOORESS  CITY-ST-2P  TOORESS  CITY-ST-2P  TOORESS  CITY-ST-2P  TOORESS  CITY-		6. Name and Address of Current F	Registered Agent			7. Name a	nd Address of New Regis	tered Ag	ent		
SUTTE 497 BOCA RATION FL 33488  6. 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 familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent.  SIGNATURE    Speaker, Noted or prime in more of registered agent agent and the state of Florida agent and the state of Florida agent and the state of Florida Department of State    Signature Noted or prime in more of registered agent agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligation with and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligation with and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligation with and accept the obligation of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both in the State of Florida. I am familier with, and accept the obligation of registered agent, or both in the State of Florida. I am familier with, and accept the obligation of registered agent, or both in the State of Florida. I	BELL	KIN MARNI B	<del>*</del>	Name	<del></del>		<del></del>				
BOCA RATON FL 33486    City   FL   Zip Code					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 agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida Equation of Florida Delete TILE NOW.  IT ILE NOW. STATE ADDRESS OITY-ST-ZP OITH ADDRESS O	SUN	E 497									
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature types or printed revise of registered agent are size if spoilcable.	BOC	A RATON FL 33486		-			<del> </del>	<del>- <u>-</u></del>			
THE CONTROL OF REGISTERED AGENTS  SIGNATURE  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State Due By May 1, 2003  9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES  TITLE MARK HAME HAME HAWE HAWE HAWE HAWE HAWE HAWE HAWE HAW									l <u> </u>		
SIGNATURE    Supervise typind or printed name of registered agent and stor if applicable. (NOTE Registered Agent agent agent whom recrisitating)   Print			the purpose of changing its	registere	d office or regis	stered agent, or t	ooth, in the State of Florida	l am far	niliar with,	and accept	
Signature. Nymed or printed reprot of repilated agent and use if applicable. (NOTE Registered Agent separative required when nonstating)    File NoW!!! FEE IS \$50.00	_	one or register or agent.									
Make Check Payable to Florida Department of State Due By May 1, 2003  9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS/CHANGES TITLE NAME SIRECT ADDRESS CITY-ST-ZIP TITLE NAME SIRECT ADRESS CITY-ST-ZIP TITLE NAME SIRECT ADDRESS CI	SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOT	E: Registered	Agent signature requ	uired when reinstating)		DATE			
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11. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i) Florida Statutes. I further certify that the information	CITY-ST-ZIP										
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