


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90553 049 ****50.00

DOCUMENT # L00000009614 1. Entity Name AMERICAN TITLE & TRUST, L.L.C.					
Principal Place of Business 495 NE 4TH ST SUITE 4 DELRAY BEACH, FL 33483			Mailing Address 495 NE 4TH ST SUITE 4 DELRAY BEACH, FL 33483		
2. Principal Place of Business 1801 S. FEDERAL HWY Suite, Apt. #, etc. SUITE 245B		3. Mailing Address 1801 S. FEDERAL HWY Suite, Apt. #, etc. SUITE 245B			
City & State DELRAY BEACH, FL		City & State DELRAY BEACH, FL			
Zip 33483	Country USA	Zip 33483	Country USA	4. FEI Number 65-1033680	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SOVIERO, ANTHONY C 495 NE 4TH STREET SUITE 4 DELRAY BEACH, FL 33483			7. Name and Address of New Registered Agent Name Doak S. Campbell, III, Esq. Street Address (P.O. Box Number is Not Acceptable) 70 SE 4th Avenue City DELRAY BEACH FL Zip Code 33483		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOVIERO, ANTHONY 495 NE 4TH ST, SUITE #4 DELRAY BEACH, FL 33483 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAMPBELL, DOAK S III 70 SE 4TH AVE DELRAY BEACH, FL 33483 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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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: <i>Doak S. Campbell</i>			<i>March 24, 2004</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		