

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000002254

1. Entity Name  
NEW HOUSE TITLE, L.L.C.



FILED

MAJH

03 APR 18 PM 1:48

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



Principal Place of Business  
9119 CORPORATE LAKE DRIVE, SUITE 300  
TAMPA FL 33634

Mailing Address  
9119 CORPORATE LAKE DRIVE, SUITE 300  
TAMPA FL 33634

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3702417

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTINEZ, DANIEL F II, ESQ  
9119 CORPORATE LAKE DRIVE, SUITE 300  
TAMPA FL 33634

Name Echevarria, Michael J.  
Street Address (P.O. Box Number is Not Acceptable)  
9119 Corporate Lake Dr., Suite 300

City Tampa FL Zip Code 33634

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 *Mgt*, President

(NOTE: Registered Agent signature required when reinstating)

3/4/03

DATE

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 MGR  
NAME CASALE, WILLIAM  
STREET ADDRESS 9119 CORPORATE LAKE DRIVE, SUITE 300  
CITY-ST-ZIP TAMPA FL 33634

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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:

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

Date

Daytime Phone #

4/7/03 813 342-2200

CR2E083 (10/02)