

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L01000005120

1. Entity Name
CORPORATE TITLE SERVICES, LLC



**FILED
Apr 26, 2004 8:00 am
Secretary of State**

04-26-2004 90040 009 ****50.00

44033736



04222004 Chg-LLC CR2E083 (10/03)

Principal Place of Business
2200 LUCIEN WAY
SUITE 350
MAITLAND, FL 32751

Mailing Address
2200 LUCIEN WAY
SUITE 350
MAITLAND, FL 32751

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
54-2031604

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

POHL & SHORT, P.A.
280 WEST CANTON AVE.
SUITE 410
WINTER PARK, FL 32790

Name

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 office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 MGRM
NAME REALVEST HOLDINGS, LLC
STREET ADDRESS 2200 LUCIEN WAY
CITY-ST-ZIP MAITLAND, FL 32751

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE D
NAME LIVINGSTON, GEORGE D
STREET ADDRESS 2200 LUCIEN WAY STE.#350
CITY-ST-ZIP MAITLAND, FL 32751

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE DP
NAME LONGSTAFF, GEOFFREY G
STREET ADDRESS 2200 LUCIEN WAY STE. #350
CITY-ST-ZIP MAITLAND, FL 32751

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE VST
NAME YANNUCCI, DAWN L
STREET ADDRESS 2200 LUCIEN WAY STE.#350
CITY-ST-ZIP MAITLAND, FL 32751

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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:

4/23/04

407875-9989

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

Date

Daytime Phone #