


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90076 046 ****50.00

DOCUMENT # L01000011544	
1. Entity Name ALL AMERICAN TITLE & ABSTRACT, L.L.C.	

Principal Place of Business 2000 GLADES RD., STE. 306 BOCA RATON, FL 33431	Mailing Address 2000 GLADES RD., STE. 306 BOCA RATON, FL 33431
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2. Principal Place of Business 2500 No. Military Trail	3. Mailing Address 2500 No. Military Trail
4. Suite, Apt. #, etc. Suite 465	5. Suite, Apt. #, etc. Suite 465

04212004 Chg-LLC CR2E083 (10/03)

City & State Boca Raton, FL	City & State Boca Raton, FL	4. FEI Number 65-1121050	Applied For <input type="checkbox"/> Not Applicable
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Zip 33431	Country U.S.A.	Zip 33431	Country U.S.A.	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent RONALD LEWIS, P.A. 2000 GLADES RD., STE. 306 ATTN: RONALD LEWIS, PRESIDENT BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name Ronald Lewis, P.A. Street Address (P.O. Box Number is Not Acceptable) 2500 No. Military Trail, Suite 465 City Boca Raton, FL Zip Code 33431	
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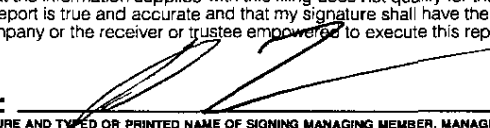
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RONALD LEWIS, P.A. 2000 GLADES RD., STE. 306 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Ronald Lewis, P.A. 2500 No. Military Trail, Suite 465 Boca Raton, FL 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #