

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

0004082

DOCUMENT # L01000013556

1. Entity Name

TWIN RIVERS TITLE, LLC

03-29-2002 91212 028 *****50.00

| | |
|---|---|
| Principal Place of Business 1900 S. HICKORY ST. SUITE A MELBOURNE FL 32901 US | Mailing Address 1900 S. HICKORY ST. SUITE A MELBOURNE FL 32901 US |
|---|---|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | |
|--------------|--------------|
| City & State | City & State |
| Zip | Country |

| | |
|---|--------------------------------|
| 4. FEI Number applied for | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FALLACE, JAMES H
1900 S. HICKORY ST.
SUITE A
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Manager JAMES H. FALLACE 1900 S. Hickory St., Ste A Melbourne, Florida 32901 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

| | |
|--|---|
| 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"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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"/> 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 REQUIRED** 3/13/02 (321) 951-4900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)