2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000015022

TITLE AFFILIATES OF ORLANDO, L.L.C.

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May 05, 2003 8:00 am Secretary of State

05-05-2003 92181 006 ****50.00

Principal Place of Business			Mailing Address							
101 GATEWAY CENTRE PARKWAY GATEWAY ONE RICHMOND VA 23235		101 GATEWAY CENTRE PARKWAY GATEWAY ONE RICHMOND VA 23235		 	8 11 88 101 11 8 11 88 111 88 114 1	 		INDIA 11 21 1 00 1		
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
-City & State			City & State		<u> </u>	4. FÉI Numbe	er 65-112769 6	;		pplied For lot Applicable
Zip Country		Zip Country			5. Certificate	of Status Desired		\$5.00 Ac	ditional	
	6. Name	and Address of Current R	gistered Agent			7. Name and	Address of New Re	gistered /	Agent	
· · · · · · · · · · · · · · · · · · ·				Na	ame					
KIRTLEY, WILLIAM T ESQ. 1776 RINGLING BOULEVARD SARASOTA FL 34236			Str	Street Address (P.O. Box Number is Not Acceptable)						
							· · · · · · · · · · · · · · · · · · ·		·	
•				Cit	ty			FL	Zip Cod	de
	named entity ions of regist		the purpose of changing its	registered off	ice or registere	ed agent, or bot	th, in the State of Flori	ida. Iam f	amiliar with	, and accept
	Signature, typed	or printed name of registered agent and	d title if applicable. (NOTE	: Registered Agent	t signature required	when reinstating)		DATE		
		*. *	Make Check Payable	WIII FEE e to Florida By May 1,	a Departmer	nt of State				
9.		MANAGING MEMBER	S/MANAGERS	10.			ADDITIONS/0	CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM USA TITLE AFFILITATES, INC 101 GATEWAY CNTR PKWY, GATEWAY ONE RICHMOND VA 23235			TITLE NAME STREET ADD CITY-ST-ZI					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Boyd-Eli 200 Haz/	ROD, JOYCE ARD STREET O FL 32804	☐ Delete	TITLE NAME STREET ADD CITY-ST-ZII	-		•		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	OHN IDHOVER DRIVE OFL 32819	□ Delete	TITLE NAME STREET ADD CHTY-ST-ZII	1				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		LORI IGTON ROAD GREEN FL 32751	□ Delete	TITLE NAME STREET ADD CITY-ST-ZIF					Change	☐ Addition }
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADD CITY-ST-ZIF					Change	Addition
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET ADD	RESS				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.

804:-267-8195

Daytime Phone #