


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000017528 1. Entity Name TITANIUM MORTGAGE & FINANCIAL GROUP, LLC	
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Principal Place of Business
3750 US 27 NORTH
2-C
SEBRING, FL 33870 US

Mailing Address
11902 PAYNE RD
SEBRING, FL 33875



04102004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3835786	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, JOSE
11902 PAYNE RD
SEBRING, FL 33875

**DO NOT WRITE
IN THIS SPACE**

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**

0000000112568
04/14/04-80025-021 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BUCHANAN, ALVIN
STREET ADDRESS	5107 SHAD DRIVE
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	MGR
NAME	RODRIGUEZ, JOSE
STREET ADDRESS	11902 PAYNE ROAD
CITY-ST-ZIP	SEBRING, FL 33875
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Jose Rodriguez Jose Rodriguez 4-10-04 863-699-2852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #