## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # L01000017528 1. Entity Name TITANIUM MORTGAGE & FINANCIAL GROUP, LLC Principal Place of Business Mailing Address 11902 PAYNE RD 3750 US 27 NORTH 2-C SEBRING, FL 33870 US SEBRING, FL 33875 DO NOT WRITE IN THIS SPACE 4. 6. Name and Address of Current Registered Agent RODRIGUEZ, JOSE

**FILED** Jul 05, 2005 08:00 AM Secretary of State



06292005 No Chg-LLC

CR2E083 (10/03)

FEI Number		Applied For			
22-3835786	 [	Not Applicab			
Certificate of Status Desired		.00 Additional			

5. Certificate of Status Desired

Fee Required

DO NOT WRITE

SEBRING,	NE RD FL 33875		IN .	THIS	SPACE			
	named entity submits this statement for the purpose of changing lons of registered agent	g its registered office or	registered agent, or bo	oth, in the State	of Florida. I am fami	liar with, and accept		
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable. (	NOTE Registered Agent signals	re required when refrishating)		DATÉ			
Fil Due b	ing Fee is \$50.00 by September 7, 2005	.17 .						
9.	MANAGING MEMBERS/MANAGERS			.,	- riv 4	. H 81. 7754		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUCHANAN, ALVIN 5107 SHAD DRIVE SEBRING, FL 33870		•	HOO	, המכמרכיותה			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODRIGUEZ, JOSE 11902 PAYNE ROAD SEBRING, FL 33875			U00000370387 07/05/05-80014-006 50.00				
TITLE NAME STREET ADDRESS CITY-SI-ZIP	- <del></del>	± ±	DO	NOT	WRITE	- ^		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		**************************************	" IN	THIS	SPACE	.,		
TITLE NAME STREET ADDRESS CITY - ST - ZIP								
TITLE NAME STREET ADDRESS								

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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:

CITY - ST- ZIP

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

863-699-0069