


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000019566 1. Entity Name NETWORK TITLE SERVICES, LLC	
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Principal Place of Business 3300 UNIVERSITY DR., STE. 901 CORAL SPRINGS, FL 33065	Mailing Address 3300 UNIVERSITY DR., STE. 901 CORAL SPRINGS, FL 33065
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DO NOT WRITE IN THIS SPACE



02192004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1151911	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

PONNOCK, ANDREW A
3300 UNIVERSITY DR., STE. 901
CORAL SPRINGS, FL 33065

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

**Filing Fee is \$50.00
Due by May 1, 2004**

1100000067611
02/27/04-80006-016 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PONNOCK, ANDREW 3300 UNIVERSITY DR 901 CORAL SPRINGS, FL 33065
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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)(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, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____