


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

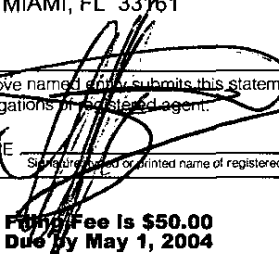
04-09-2004 90219 018 ****50.00

DOCUMENT # L01000021240		
1. Entity Name AMERITRUST TITLE LLC		
Principal Place of Business 12865 WEST DIXIE HIGHWAY 2ND FLOOR NORTH MIAMI, FL 33161		Mailing Address 12865 WEST DIXIE HIGHWAY 2ND FLOOR NORTH MIAMI, FL 33161
2. Principal Place of Business 3843 NE 163 ST	3. Mailing Address P.O. Box 530926	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State MIAMI FL	
Zip	Country	Zip 33153 Country



04052004 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1158962		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GUDLIPP, MICHAEL P 12865 WEST DIXIE HIGHWAY 2ND FLOOR NORTH MIAMI, FL 33161		7. Name and Address of New Registered Agent Name CUDLIPP, MICHAEL P. Street Address (P.O. Box Number is Not Acceptable) 3483 NE 163 ST City N MIAMI BEACH FL Zip Code 33160	
8. The above named agent 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, the registered agent.			
SIGNATURE 		DATE 4/5/04	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CUDLIPP, MICHAEL P 12865 WEST DIXIE HIGHWAY NORTH MIAMI, FL 33161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 3483 NE 163 ST N. MIAMI BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/5/04 **(305) 940 0668**
Date Daytime Phone #