LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE: / / / / / / MANG-GING METAGEN REPRESENTATIVE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L01000921294

FILED May 24, 2002 8:00 am Secretary of State

04-22-2002 90165 039 ****50.00

1. Entity Nam	ne		_					
FLORID	A TITLE UNDERWRI	TERS LLC	J					
						~ T T		
DO NOT WRITE IN THIS SPACE						86145		
2. Principal Place of Business (010 N , DIXIE HWY.								
Suite, Apt. #, etc. Suite. Apt. #, etc.						DO NOT WRITE IN THIS SPACE		
City & State LANTANA, FL City & State						ber 5 - 115 7313	Applied For Not Applicable]
Zip 3 4 6 2 Country Zip			Country		5 Cartificate of Status Desired \$5.00 Additional		<u> </u>	
	*		essue No. 10.	-Name A	7. Name and	Address of Current Registers		7
DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable)				
	IN THIS S	PACE		610	W.DI	XIE NWY,		
	Ω			City LA	AVATU	FL	Zip Coda 46 h	_
8. The above	names entity sugmits this statement	for the purpose of changing	g its registere					1
SIGNATURE	Signature, typed of printed name of registered age					3/18	on_	
<u> </u>	Signature, typed or printed name or registered ege	nt arto too n appearant.	FEE IS	\$50.00				1
		Make Check	Payable to DUE BY	o Department ' MAY 1	of State			
9.	MANAGING MEME							-
TITLE NAME	MANAGING MEMBER	-	TITLE NAME					CR2E083B (12/01)
STREET ADDRESS	t i i i i i i i i i i i i i i i i i i i			FT ADORESS		•		() ()
CITY-ST-ZIP	LANTANA, FL 3344	٥٠	CITY-	·ST-ZBP				8
TITLE	wenger		TITLE					뛶
NAME	SHERL GOLDSTEN W		NAME					ြ
STREET ADDRESS CITY-S1-ZIP	610 NOIXIE HWY.	(10)		ST-ZIP				1
	LANTANA, FL 354	1 44				·		1
TITLE NAME	TARFOR FERNISHME		TITLE	1				
STREET ADDRESS	GONDING HWY			FT ADDRESS	_	O NOT MOI	-	
CITY-ST-ZIP	LANTANA , FL 334	164	CITY-	ST-ZIP	ע	O NOT WRI		<u> </u>
TITLE			TITLE		11	N THIS SPAC	`F]
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STREET ADDRESS				T ADORESS				1
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	sertify that the information supplied with on this report is true and accurate an oility complany of the receiver of trust	th this filling does not qualify that my signature shall he eyempowered to execute the	STREE CITY- TITLE NAME STREE CITY-	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	Section 119.07(3 made under oat pter 608, Florida)(i), Florida Statutes. I further cer h; that I am a managing membe Statutes.	tify that the information er or manager of the	