

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L01000021623

1. Entity Name
UNIVERSAL LAND TITLE INVESTMENT #1, L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB 24 AM 8:29

03/10/04

Principal Place of Business
1555 PALM BEACH LAKES BLVD.
SUITE 1000
WEST PALM BEACH, FL 33401

Mailing Address
1555 PALM BEACH LAKES BLVD.
SUITE 1000
WEST PALM BEACH, FL 33401



01072004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0587412

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
UNIVERSAL LAND TITLE INC
1555 PALM BEACH LAKES BLVD STE 1000
WEST PALM BEACH, FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
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STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

700030362367
03/12/04--01020--032 **350.00

**DO NOT WRITE
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: Michael Glass

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

2/19/04

Date

Daytime Phone #

(561) 689-8200