LIMITED LIABILITY COMPANY

E.	NIFORM BUSINE	SS REPOR	r (U	BR)					Ш
DOCUMENT # L01000021625 1. Entity Name UNIVERSAL LAND TITLE INVESTMENT #2, L.L.C.						Secretary of State			
						03-28-20	002 90125 038	8 ****50.00	
ı	DO NOT WRITE	IN THIS S	PAC	E					
Principal Place of Business									
•	lace of Business Lm Beach Lakes Blvd.	3. Mailing Address SAME AS PRINCIPAL							
Suite, Apt.	,	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
Suite 10 City & State		City & State	tv & State			4. FEI Number Applied For			
•	lm Beach, FL	Only & State	Only & State			1 0587430		Not Applicab	le
Zip Country 33401 USA		Zip	Zip Count				5.00 Additional e Required		
33401	UDA				7. Nam	ne and Address of Curre			
	DO NOT W			Name Unive	ersal La	nd Title, Inc			
DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable)					
IN THIS SPACE				1555 Palm Beach Lakes Blvd. Suite 1000					\neg
								Zin Code	\dashv
				West	Palm Be	each	FL	Zip Code 33401	
8. The above	named entity submits this statement for	the purpose of changing it	s register	ed office or re	egistered ager	nt, or both, in the State of	Florida.		
SIGNATURE .									
JIGIVATORE .	Signature, typed or printed name of registered agent a	nd title if applicable.					DATÉ		4
		FEE IS	•	Clat-					
Make Check Paya				o Deparun MAY 1	ent or state				
<i></i>	MANAGING MEMBEI				·				
TITLE 3	Managing Member	10,111,112,102,110	TITL	E					<u>6</u>
NAME `	Universal Land Title	e, Inc.	NAM	- 1					(12
STREET ADDRESS CITY-ST-ZIP	SI-7P 1555 Palm Beach Lakes Bivd., Sui		≥ 1000	OOT STREET ADDRESS					 2E083B (12/01)
TITLE	West Palm Beach, FL 3 3401		TITL						
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CITY-ST-ZIP				-ST-ZIP					\dashv
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CITY-ST-ZIP	***	s or many to the second	CITY	-ST-ZIP					_
TITLE			TITL	j					
NAME Street Address				ET ADDRESS					
CITY-\$T-ZIP	:		CITY	-ST-ZIP					_

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.

HELF WANAGER, OR AUTHORIZED REPRESENTATIVE