2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L01000021625 1. Entity Name UNIVERSAL LAND TITLE INVESTMENT #2, L.L.C.



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

FILED Jan 25, 2005 08:00 AM Secretary of State



01102005No Chg-LLC

01-0587430

5. Certificate of Status Desired

4. FEI Number

CR2E083 (10/03) Applied For

\$5.00 Additional

Fee Required

Not Applicable

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

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C T CORPORATION SYSTEM 1200 SOUTH 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 agant and title if applicable.	(NOTE Registered Agent signature required when reinstating)	DATE
Fi	iling Fee is \$50.00 ue by May 1, 2005		
9,	MANAGING MEMBERS/MANAGERS		······································
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM UNIVERSAL LÄND TITLE, INC 1555 PALM BEACH LAKES BLVD., STE 1000 WEST PALM BEACH, FL 33401		U00000194983 01/26/05-80010-009 50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP			DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DC	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. Thereby c indicated limited lial	sertify that the information supplied with this filing does not or on this report is true and accurate and that my signature sha billty company or the receiver or trustee empowered to exec	ualify for the exemption stated in Section 119.07(3 all have the same legal effect as if made under oa ute this report as required by Chapter 608, Florida	3)(i), Florida Statutes. I further certify that the information th; that I am a managing member or manager of the a Statutes.
SIGNAT	URE: Michael Ales	-alrest 1/11	105 561.689.8200 Date Destine Phone A