

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**

03 JUN -2 PM 2:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # L02000002916

1. Entity Name

FIRST FLORIDA TITLE SERVICES II, LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

One South Ocean Blvd.

Suite, Apt. #, etc.

Suite 5

City & State

Boca Raton, FL

Zip 33432

Country USA

3. Mailing Address

One South Ocean Blvd.

Suite, Apt. #, etc.

Suite 5

City & State

Boca Raton, FL

Zip 33432

Country USA

4. FEI Number

☒ Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Gerson, Gary N.

1645 Palm Beach Lakes Blvd., Suite 1200

West Palm Beach, Florida 33401

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 renouncing)

DATE

**FILE NOW!!! FEE IS \$50.00**

Make Check Payable to Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS/MEMBERS

TITLE Member / *MGRM* ☐ Delete  
NAME Transeastern Properties, Inc.  
STREET ADDRESS 3300 University Drive, Suite 1  
CITY-ST-ZIP Coral Springs, Florida 33065

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 700017210607  
CITY-ST-ZIP 04/28/03--01105--017 \*\*50.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]* AUTH REP.

Gary N. Gerson, Authorized Representative

April

, 2003

561-686-3307

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

Date

Daytime Phone #