2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2004 8:00 am
Secretary of State
01-16-2004 90015 048 ****50.00

DOCUMENT # L02000005612

1. Entity Name
TOTAL TITLE, LLC

Principal Place of Business	Mailing Address
5900 BROKEN SOUND PARKWAY, NW ~~SUITE 101~~ BOCA RATON, FL 33487 US	5900 BROKEN SOUND PARKWAY, NW ~~SUITE 101~~ BOCA RATON, FL 33487 US

2. Principal Place of Business	3. Mailing Address
5900 Broken Sound Pkwy, NW	5900 Broken Sound Pkwy, NW
Suite, Apt. #, etc.: THIRD FLOOR	Suite, Apt. #, etc.: THIRD FLOOR
City & State: BOCA RATON, FL	City & State: BOCA RATON, FL
Zip: 33487 Country:	Zip: 33487 Country:

01072004 Chg-LLC CR2E083 (10/03)

4. FEI Number: 03-0402812 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PREWITT, J. COLEMAN 5900 BROKEN SOUND PARKWAY SUITE 101 BOCA RATON, FL 33487	Name: PREWITT, J. COLEMAN Street Address (P.O. Box Number is Not Acceptable): 5900 BROKEN SOUND PKWY, NW THIRD FLOOR City: BOCA RATON FL Zip Code: 33487

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: J. Coleman Prewitt 1-12-04
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SEIDMAN, NEIL 5900 BROKEN SOUND PKWY NW ~~STE 101~~ BOCA RATON, FL 33487	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SEIDMAN, NEIL 5900 BROKEN SOUND PKWY, NW, THIRD FLOOR BOCA RATON, FL 33487	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM COLEMAN, PREWITT J 5900 BROKEN SOUND PKWY NW ~~STE 101~~ BOCA RATON, FL 33487	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PREWITT, J. COLEMAN 5900 BROKEN SOUND PKWY, NW, THIRD FLOOR BOCA RATON, FL 33487	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DIBELLO, DARIN A 5900 BROKEN SOUND PKWY NW ~~STE 101~~ BOCA RATON, FL 33487	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DIBELLO, DARIN A. 5900 BROKEN SOUND PKWY, NW, THIRD FLOOR BOCA RATON, FL 33487	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: J. Coleman Prewitt 1-12-04 561-226-9365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #