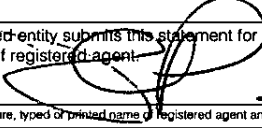
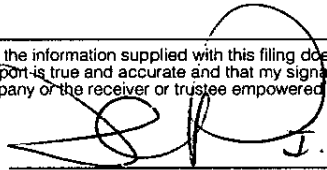


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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 5900 BROKEN SOUND PARKWAY, NW SUITE 101 BOCA RATON, FL 33487 US		Mailing Address 5900 BROKEN SOUND PARKWAY, NW SUITE 101 BOCA RATON, FL 33487 US	
2. Principal Place of Business 5900 Broken Sound Pkwy, NW		3. Mailing Address 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		Zip 33487	
Country US		Country US	
6. Name and Address of Current Registered Agent PREWITT, J. COLEMAN 5900 BROKEN SOUND PARKWAY SUITE 101 BOCA RATON, FL 33487		7. Name and Address of New Registered Agent 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 DATE 1-12-04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEIDMAN, NEIL 5900 BROKEN SOUND PKWY, NW, THIRD FLOOR BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLEMAN, PREWITT J 5900 BROKEN SOUND PKWY NW STE 101 BOCA RATON, FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PREWITT, J. Coleman 5900 Broken Sound Pkwy, NW, THIRD FLOOR BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIBELLO, DARIN A 5900 BROKEN SOUND PKWY NW STE 101 BOCA RATON, FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIBELLO, Darin A. 5900 Broken Sound Pkwy, NW, Third Floor BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM [Blank] [Blank] [Blank]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank] [Blank] [Blank] [Blank]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM [Blank] [Blank] [Blank]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank] [Blank] [Blank] [Blank]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM [Blank] [Blank] [Blank]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank] [Blank] [Blank] [Blank]
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		DATE: 1-12-04 DAYTIME PHONE: 561-226-9365	