

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000007137

1. Entity Name
FIRST PALM BEACH TITLE, L.L.C.



Principal Place of Business
2401 PGA BLVD.
SUITE 272
PALM BEACH GARDENS, FL 33410

Mailing Address
2401 PGA BLVD.
SUITE 272
PALM BEACH GARDENS, FL 33410



02182004No Chg-LLC

CR2E083 (10/03)

4. FEI Number
01-0688253

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SHAPIRO, ROBERT LEE
2401 PGA BLVD.
SUITE 272
PALM BEACH GARDENS, FL 33410

**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 agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

000000067545
02/27/04-80004-008 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|------------------------------|
| TITLE | MGRM |
| NAME | SHAPIRO, ROBERT LEE |
| STREET ADDRESS | 2401 PGA BLVD. |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL 33410 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2-23-04

Date

361.691.005

Daytime Phone #