2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000010466

1. Entity Name

SIGNATURE:

THE GREAT NORTH AMERICAN TITLE COMPANY, L.L.C.



FILED May 02, 2003 8:00 am Secretary of State

954-425-0711

05-02-2003 90073 033 ****50.00

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THANKACHEN, SAM — Addition BOULEVARD DEERFIELD BEACH FL 33441 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and eccept the obligations of registered agent and the fault submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and eccept the obligations of registered agent and the fault submits with and eccept the obligations of registered agent and the fault submits with and eccept the obligations of registered agent and the fault submits with and eccept the obligations of registered agent agent and the fault submits with, and eccept the obligations of registered agent agent and the fault submits with, and eccept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 Make Check Payable to Florida Department of State Due By May 1, 2003 MGRM THANKACHEN, SAM ESO. 46 W. HILLSDORO BOULEVARD DEFRFIELD BEACH FL 33441 Defete TITLE Defete TITLE Defete TITLE MAKE STREET ADDRESS CITY-ST-2P TITLE MAKE MAKE STREET ADDRESS CITY-ST-2P TITLE MAKE ST		6. Name	and Address of Curren	t Registered Agent	t		7. Name an	d Address of New F	Registered A	gent		
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City FL Zip Code 8. The above named entity automits 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 Sig	446	W. HILLSB	oro Boulevard	•		Street Address	s (P.O. Box Numb	er is Not Acceptable	9)			
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE