

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

4/25

FILED
May 30, 2003 8:00 am
Secretary of State

04-25-2003 90750 033 ****55.00

DOCUMENT # L02000016873

1. Entity Name

TITLE AFFILIATES OF LANSING, L.L.C.



Principal Place of Business

2655 MCCORMICK DRIVE, SUITE 206
CLEARWATER FL 33759

Mailing Address

2655 MCCORMICK DRIVE, SUITE 206
CLEARWATER FL 33759

44002948

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

4855 27th Street West
Suite, Apt. #, etc.

City & State

Bradenton, FL

4. FEI Number

22-3861903

Applied For

Not Applicable

Zip

Country

Zip

34207

Country

USA

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KIRTLEY, WILLIAM T
1776 RINGLING BLVD.
SARASOTA FL 34236

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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME Exec V Pres USA Title ☐ Delete
STREET ADDRESS Affiliates Managing member
CITY-ST-ZIP William Kelly
2625 McCormick Dr Ste 206

TITLE NAME Clearwater, FL 33759 ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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: *William Kelly* **REQUIRED**

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

Date *4/22/03* Daytime Phone #

William Kelly, EXEC. V. PRES.

727-725-3833

CR2E083 (10/02)