
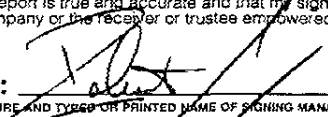


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000020248 1. Entity Name FLAGLER TITLE SERVICES, LLC		
Principal Place of Business 48 EAST FLAGLER STREET SUITE 251 MIAMI, FL 33131	Mailing Address 48 EAST FLAGLER STREET SUITE 251 MIAMI, FL 33131	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MOSKOVITZ, ROBERT S ESQ 48 EAST FLAGLER STREET PH-105 MIAMI, FL 33131		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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2004		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MOSKOVITZ, ROBERT 48 EAST FLAGLER STREET, SUITE 251 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME 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:  Robert Moskowitz <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		4/20/04 <small>Date</small> 305-347-5217 <small>Daytime Phone #</small>



04202004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 02-0639295	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

U000000125527
04/22/04-80087-025 50.00

**DO NOT WRITE
IN THIS SPACE**