

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

0010352

DOCUMENT # L02000020300

1. Entity Name
TITLEPRO LLC



05-01-2003 90272 015 ****50.00

Principal Place of Business: 7071 TAFT ST. #111 HOLLYWOOD FL 33024 US
Mailing Address: 7081 TAFT ST. HOLLYWOOD FL 33024 US



2. Principal Place of Business: 7081 Taft St. #111
3. Mailing Address: Suite, Apt. #, etc.
City & State: Hollywood FL
Zip: 33024

CHECK HERE IF MAKING CHANGES

4. FEI Number: 56-2285868
5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
BANNER, MICHAEL
4244 W. TENNESSEE ST.
#185
TALLAHASSEE FL 32304

7. Name and Address of New Registered Agent
Name: Lisa Krumsieck
Street Address (P.O. Box Number is Not Acceptable): 7081 Taft Street # 111
City: Hollywood FL Zip Code: 33024

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: *Lisa Krumsieck* Lisa Krumsieck DATE: 4/10/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS	
TITLE: MGRM NAME: MATTHEWS, BRETT STREET ADDRESS: 3290 SW 131 TERR CITY-ST-ZIP: DAVIE FL 33330	<input type="checkbox"/> Delete
TITLE: MGRM NAME: KRUMSIECK, LISA STREET ADDRESS: 206 SE 3 TERR CITY-ST-ZIP: DANIA FL 33004	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Brett Matthews* Brett Matthews / *Lisa Krumsieck* Lisa Krumsieck DATE: 4/10/03 Daytime Phone #: 954-374-2700

CR2E083 (10/02)