

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

4/25

04-25-2003 90750 031 ****55.00

DOCUMENT # L02000022778

1. Entity Name

TITLE AFFILIATES OF ORLANDO SOUTH, 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

44002952

2. Principal Place of Business

3. Mailing Address

4855 27th St. West

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

Bradenton FL

4. FEI Number

11-3651656

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

7. Name and Address of New Registered Agent

KIRTLEY, WILLIAM T ESQ.
1778 RINGLING BOULEVARD
SARASOTA FL 34238

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 renaming)

DATE

FILE NOW!!! FEE IS \$50.00

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE Exec V Pres USA Title
NAME Affiliates Managing Member
STREET ADDRESS William Kelly
CITY-ST-ZIP 2625 McCormick Dr. Ste 206
Clearwater, FL 33759

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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 4/21/03 Daytime Phone #

William Kelly, Exec V-PRES

727-725-3833

CFR2083 (10/02)