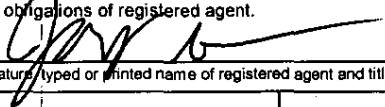



**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> L02000024277					
1. Entity Name LAKES TITLE SERVICES LLC					
<b>DO NOT WRITE IN THIS SPACE</b>					
2. Principal Place of Business 15165 NW 77TH AVENUE Suite, Apt. #, etc. SUITE 1009 City & State MIAMI LAKES, FL			3. Mailing Address 15165 NW 77TH AVENUE Suite, Apt. #, etc. SUITE 1009 City & State MIAMI LAKES, FL		
Zip 33014		Country USA		4. FEI Number 46-0512670	
				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required					
<b>DO NOT WRITE IN THIS SPACE</b>				7. Name and Address of Current Registered Agent	
				Name JORGE L. GURIAN	
				Street Address (P.O. Box Number is Not Acceptable) 2100 PONCE DE LEON BOULEVARD	
				SUITE 600	
				City CORAL GABLES	
				FL Zip Code 33134	
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 				6/10/03	
Signature typed or printed name of registered agent and title if applicable.				DATE	
<b>FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>DUE BY MAY 1</b>					
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RAMOS POMBO, MILLIE 15165 NW 77TH AVENUE, STE 1009 MIAMI LAKES, FL 33014			TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GARCIA, ANASTASIA 15165 NW 77TH AVENUE, STE 1009 MIAMI LAKES, FL 33014			TITLE NAME STREET ADDRESS CITY - ST - ZIP	100020784171 06/16/03--01037--028 ***55.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP				TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP				TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				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: 				MILLIE RAMOS POMBO	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date 6/10/03	
				Daytime Phone # 305-820-0707	

**FILED**  
 03 JUN 16 PM 12:54  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

BK

DO NOT WRITE IN THIS SPACE

CR2E083B (12/02)