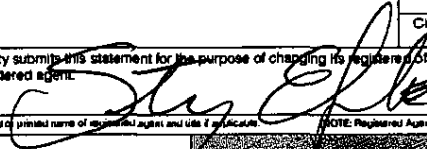
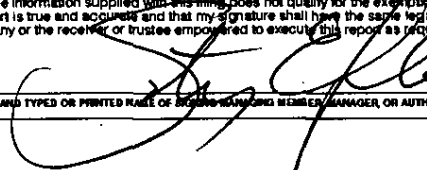


FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90060 040 ****50.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000030412			
1. Entity Name HARVARD TITLE SERVICES, L.L.C.			
Principal Place of Business 1807 PONCE DELEON BLVD CORAL GABLES, FL 33134 US		Mailing Address 1807 PONCE DELEON BLVD CORAL GABLES, FL 33134 US	
2. Principal Place of Business 2601 SOUTH BAYSHORE DRIVE Suite, Apt. #, etc. SUITE 600 City & State COCONUT GROVE, FL Zip 33133 Country US		3. Mailing Address 2601 SOUTH BAYSHORE DRIVE Suite, Apt. #, etc. SUITE 600 City & State COCONUT GROVE, FL Zip 33133 Country US	
☐ CHECK HERE IF MAKING CHANGES			
4. FEI Number 04-3727391		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent CHAMIZO, JORGE 1983 CENTRE POINTE BLVD. SUITE 200 TALLAHASSEE, FL 32137		7. Name and Address of New Registered Agent Name ATER REGISTERED AGENTS, LLC Street Address (P.O. Box Number is Not Acceptable) 2601 SOUTH BAYSHORE DRIVE SUITE 600 City COCONUT GROVE FL Zip Code 33133	
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  MANAGER 4/28/03 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when submitting)			
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 NAME STREET ADDRESS CITY-ST-ZIP	MGR BENJAMIN R. ALVAREZ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BENJAMIN R. ALVAREZ ☐ Change ☒ Addition 2601 SOUTH BAYSHORE DRIVE, #600 COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANTIAGO ELJAIEK III ☐ Change ☒ Addition 2601 SOUTH BAYSHORE DRIVE, #600 COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RONIEL RODRIGUEZ IV ☐ Change ☒ Addition 2601 SOUTH BAYSHORE DRIVE, #600 COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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 806, Florida Statutes. SIGNATURE:  MANAGER 4/28/03 305-444-5655 Signature and typed or printed name of existing managing member, manager, or authorized representative Date Daytime Phone #			

CR2ED33 (10/02)

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