

FILED
Jul 07, 2003 8:00 am
Secretary of State

06-26-2003 90001 023 ****50.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

44005349

DOCUMENT # L02000033167			
1. Entity Name K.E.L. SCBM TITLE, LLC			
Principal Place of Business 733 WEST COLONIAL DRIVE ORLANDO, FL 32804		Mailing Address 733 WEST COLONIAL DRIVE ORLANDO, FL 32804	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 33-1036683		Applied For Not Applicable	
5. Certificate of Status Desired		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent VAZQUEZ, H. WILLIAM 733 WEST COLONIAL DRIVE ORLANDO, FL 32804		7. Name and Address of New Registered Agent Name Jeffrey S. Kaufman, Jr. Street Address (P.O. Box Number is Not Acceptable) 733 W. Colonial Drive City Orlando FL Zip Code 32804	
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		DATE 24 Jun 03	
9. Signature of Registered Agent (Print Name and Title)			
10. ADDITIONS/CHANGES			
MANAGING MEMBERS/MANAGERS		ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM KAUFMAN, JEFFREY S 733 WEST COLONIAL DRIVE ORLANDO, FL 32804	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM ENGLETT, MATTHEW S 733 WEST COLONIAL DRIVE ORLANDO, FL 32804	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM LYND, CRAIG R 733 WEST COLONIAL DRIVE ORLANDO, FL 32804	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM VAZQUEZ, H. WILLIAM 733 WEST COLONIAL DRIVE ORLANDO, FL 32804	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-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)(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 808, Florida Statutes.			
SIGNATURE		DATE 6/24/03	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			