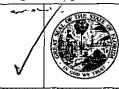
LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000033206

1. Entity Name

TRADITION TITLE COMPANY, LLC



FILED Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90759 007 ****50.00

DO NOT WRITE IN THIS SPACE 30060694 3. Mailing Address P. O. Principal Place of Business 1750 East Sunnise Rlvd BOX 5403 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 3rd Floor 4. FEI Number Applied For City & State Fort <u>7a-15497</u>82 Not Applicable \$5.00 Additional 5. Certificate of Status Desired USA 333 o4 Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE 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, typed or printed name of registered agent and title if applicable DATE FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1 MANAGING MEMBERS/MANAGERS CR2E083B (12/02) TITLE core Communities, LLC NAME 1750 East Sunrise STREET ADDRESS STREET ADDRESS Fort handerdale, FL 33304 CITY-ST-ZIP CITY-ST-ZIF TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIE CITY-ST-ZIP IN THIS SPACE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIF CITY-ST-71P TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 receive this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ___

E:

ATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/20/2003

Daytime Phone #