


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

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

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

DOCUMENT # L02000033206
1. Entity Name
TRADITION TITLE COMPANY, LLC



DO NOT WRITE IN THIS SPACE

30060694

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1750 East Sunrise Blvd.
Suite, Apt. #, etc.
3rd Floor
City & State
Fort Lauderdale, FL
Zip
33304
Country

3. Mailing Address
P. O. Box 5403
Suite, Apt. #, etc.
City & State
Fort Lauderdale, FL
Zip
33310
Country
USA

4. FEI Number
72-1549782
Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
Gilbert, Glen R.
Street Address (P.O. Box Number is Not Acceptable)
1750 East Sunrise Blvd.
3rd Floor
City
Fort Lauderdale FL
Zip Code
33304

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 _____
Signature, typed or printed name of registered agent and title if applicable.


FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	UGRM Core Communities, LLC 1750 East Sunrise Blvd. Fort Lauderdale, FL 33304
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**DO NOT WRITE
IN THIS SPACE**

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:  **GLEN R. GILBERT**
Executive Vice President
Date: 4/20/2003
Daytime Phone #

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

CR2E083B (12/02)