2004 LIMITED LIABILITY COMPANY ANKUAL REPORT

FILED Feb 13, 2004 08:00 AM Secretary of State

ANIQAL REPORT				Secretary of State
DOCUMENT # L02000034827 1. Entity Name ADNORAM TITLE COMPANY, LLC				Secretary of State
	ce of Business FIRST STREET L 32771	Melling Address 200 WEST FIRST STREET SANFORD, FL 32771		
DO NOT WRITE IN THIS SPA			CE	01282004 No Chg-LLC CR2E083 (10/03) 4. FEI Number Applied For Not Applied For Not Applied St. Certificate of Status Desired S5.00 Additional Fee Required
6. Name and Address of Current Registered Agent VON DREELE, WAYNE J 411 CENTRAL PARK DRIVE SANFORD, FL 32771				DO NOT WRITE IN THIS SPACE
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 Signature. Signature, lyoed or printed name of registered agent and site if applicable (NOTE: Registered Agent signature required when remotaring) DATE Filling Fee is \$50.00 Due by May 1, 2004				
D. TITLE NAME STREET ADDRESS CITY-51-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBED DP HEINLE, RUSSELL 200 WEST 1ST STRET SANFORD, FL 32771 DST WOLF, RONALD W 202 PARK WEST DRIVE PITTSBURGH, PA 15275	RS/MANAGERS		U00000051039 02/16/04-80035-010 50.0 0
MAME VON DREELE, WAYNE J STREET ADDRESS CITY-SI-ZIP HITLE NAME SIPPELI ADDRESS CITY-ST-ZIP TRILE				DO NOT WRITE IN THIS SPACE

11. I nereby 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 eccurate 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 firsted liability companyor the reserver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME
STREET ADDRESS
CITY-ST-ZEP
TITLE
NAME
STREET ADDRESS

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

1-30-04

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