


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State


04-02-2004 90257 042 ****50.00

DOCUMENT # L03000002050	
1. Entity Name SYMPHONY TITLE INSURANCE COMPANY, LLC	

Principal Place of Business 2215 NORTH MILITARY TRAIL SUITE F WEST PALM BEACH, FL 33409	Mailing Address 2215 NORTH MILITARY TRAIL SUITE F WEST PALM BEACH, FL 33409
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2. Principal Place of Business 8895 NORTH MILITARY TRAIL Suite, Apt. #, etc. Suite E-206 City & State PALM BEACH GARDENS, FL Zip 33410 Country PALM BEACH	3. Mailing Address 8895 NORTH MILITARY TRAIL Suite, Apt. #, etc. Suite E-206 City & State PALM BEACH GARDENS FL Zip 33410 Country PALM BEACH
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03302004 Chg-LLC CR2E083 (10/03)

4. FEI Number 54-2102130	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent KITROSER, MITCHELL I 2215 NORTH MILITARY TRAIL F WEST PALM BEACH, FL 33409	7. Name and Address of New Registered Agent Name <u>Sam</u> Street Address (P.O. Box Number is Not Acceptable) 8895 NORTH MILITARY TRAIL Suite E-206 City <u>PALM BEACH GARDENS</u> FL Zip Code <u>33410</u>
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes.

SIGNATURE: Mitchell I. Kitroser Date 3/30/04 Daytime Phone # 561-721-9675

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