

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2004 8:00 am
Secretary of State

04-30-2004 90072 037 ****50.00

DOCUMENT # L03000006748 1. Entity Name ALL PROPERTY TITLE & ESCROW, LLC					
Principal Place of Business ONE FINANCIAL PLAZA STE. 1600 FT. LAUDERDALE, FL 33394			Mailing Address ONE FINANCIAL PLAZA STE. 1600 FT. LAUDERDALE, FL 33394		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 35-2197774	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MUCCI, MARK S ONE FINANCIAL PLAZA STE. 1600 FT. LAUDERDALE, FL 33394			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER MARK MUCCI ONE FINANCIAL PLAZA, Suite 1600 FT. LAUDERDALE, FL 33394 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER JEFFREY EISENBAUM ONE FINANCIAL PLAZA, Suite 1600 FT. LAUDERDALE, FL 33394 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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: <u>Mark Mucci</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			4/29/04 Date		
			854-524-6200 Deputy Phone #		

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