2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Jun 09, 2004 8:00 am Secretary of State 05-14-2004 90447 022 ****61.25

1. Entity Name	MENT # L03000006	119							
THE TITI	E CHECKPOINT, LLC								
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	i.			O VE O					
Principal Place	e of Business 1 STREET, SUITE 200	Mailing Address 6979 NW 151 STREET, S	SHITE 200			34	0083	ጋያ	
MIAMI LAKES		MIAMI LAKES, FL 33014				0.3	0000	70	
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2. Principal Pl	lace of Business	3, Mailing Address,		<i></i> _					
<u>54 /4</u>	NW15181		aLER	<u>8].</u>	1 (444)-11 411				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	25		04302004	Chg-LLC	CR2E08	3 (10/03)	
City & State	INVEC EL	City & State			4. FEI Numb	er 01 0555	11	<u> </u>	plied For
MIMM	Country	MIHMI, PI	Country		81-	<u>060582</u>			Applicable
33014	I Southly	133130 1	Country		5. Certificate	of Status Desired		55.00 Add ee Required	
	6. Name and Address of Current	Registered Agent	Nar		7. Name and	Address of New R	egistered A	gent	
BENJAMIN	I, CHRISTOPHER E ESQ.		ivar	<u>"'6E1</u>	MAMI	IN CHR	1500र	HEZ	ESGI
19 WEST FLAGLER STREET, SUITE 510				Street Address (P.O. Box Number is Noi Acceptable)					
MIAMI, FL	33130		(<	NTE	700			·	
	i I		Gits	<u>Olice</u>	<u> </u>		FL	Zip-Code	
P. The above	named entity submits this statement to	the Arross of changing its	agistared offi	MIHA De or register	All	oth in the State of Ele		33	150
	ions of registered agent	The porpose of Changing its f	egistered om	ice or register	ed agent, or bo	orn, in the State of Fic	onda. Tantik		and accept
SIGNATURE			·		<u></u>	6	- 2-	04	
	Signature. Typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent	signature required	when reinstating)		DATE		
Fi	ling Fee is \$50.00	1				Mak	e check pa	yable to]
	ue by May 1, 2004					Florida	a Departme	ent of State	•
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS	/CHANGES		
TITLE .	MGRM /	☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS	BENJAMIN, CHRISTOPHER E 19 WEST FLAGLER STREET, SI	UITE 510 705	NAME STREET ADDR	RESS					
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP					_	_
TITLE	MGRM	Delete	TITLE						☐ Addition
NAME	WILLIAMS, SAUDIA A			- 1				Change	_
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	S979 NW 151 STREET, SUITE 2 MIAMI LAKES, FL 33014 certify that the information supplied with on this report is true and accurate and billity company or the receiver or trusted.	Delete Delete Delete	STREET ADDI CITY-ST-ZIF TITLE NAME STREET ADDI CITY-ST-ZIF TITLE NAME STREET ADD CITY-ST-ZIF TITLE NAME STREET ADDI CITY-ST-ZIF	RESS PRESS Proposition Services	ection 119.07(3) nade under oat iter 608, Florida)(i), Florida Statutes. h: that I am a mana Statutes. G - 2234	ging membe	☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition