


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 09, 2004 8:00 am
Secretary of State

05-14-2004 90447 022 ****61.25

DOCUMENT # L03000006779	
1. Entity Name THE TITLE CHECKPOINT, LLC	

Principal Place of Business 6979 NW 151 STREET, SUITE 200 MIAMI LAKES, FL 33014	Mailing Address 6979 NW 151 STREET, SUITE 200 MIAMI LAKES, FL 33014
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34008378

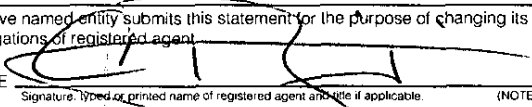


2. Principal Place of Business 5979 NW 151 ST	3. Mailing Address 19 W. FLAGLER ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 705
City & State MIAMI LAKES, FL	City & State MIAMI, FL
Zip 33014	Zip 33130
Country	Country

04302004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent BENJAMIN, CHRISTOPHER E ESQ. 19 WEST FLAGLER STREET, SUITE 510 MIAMI, FL 33130	
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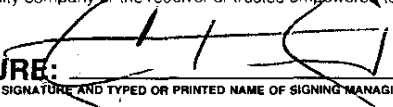
7. Name and Address of New Registered Agent BENJAMIN, CHRISTOPHER, ESS. 19 W. FLAGLER STREET SUITE 705 MIAMI FL 33130	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 6-2-04
Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENJAMIN, CHRISTOPHER E 19 WEST FLAGLER STREET, SUITE 510 705 MIAMI, FL 33130 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, SAUDIA A 5979 NW 151 STREET, SUITE 200 MIAMI LAKES, FL 33014 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 	DATE 6-204 DAYTIME PHONE # 305-416-9340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	