

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90186 020 \*\*\*\*50.00

**DOCUMENT # L03000011454**

1. Entity Name

**BLATTNER TITLE, LLC**



Principal Place of Business

**3331 AMSTERDAM AVE.  
COOPER CITY FL 33026  
US**

Mailing Address

**3331 AMSTERDAM AVE.  
COOPER CITY FL 33026  
US**

2. Principal Place of Business

**100 South Pine Island Road SAME**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**134**

City & State

**Plantation, Florida**

City & State

Zip

**33324**

Country

**US**

Zip

**US**

Country

**US**

4. FEI Number

**65-1181570**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BLATTNER, DAVID K  
3331 AMSTERDAM AVE.  
COOPER CITY FL 33026**

7. Name and Address of New Registered Agent

Name

**David K. Blattner**

Street Address (P.O. Box Number is Not Acceptable)

**100 South Pine Island Road  
Suite 134**

City

**Plantation**

FL

Zip Code

**33324**

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

*David K. Blattner*

**David K. Blattner**

**03-15-04**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2004**

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
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CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☒ Addition  
**MGRM  
David K. Blattner  
100 South Pine Island Road, #134  
Plantation, Florida 33324**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ 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:**

*David K. Blattner*

**David K. Blattner**

**03-15-04**

**954-236-0208**

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

Date

Daytime Phone #