


04-28-2004 90077 014 \*\*\*\*50.00

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L03000011994</b> 1. Entity Name <b>THE TITAN MANAGEMENT GROUP, LLC</b>		
Principal Place of Business <b>2606 NORTH EAST 10TH TERRACE, UNIT #3          WILTON MANORS, FL 33334</b>		Mailing Address <b>2606 NORTH EAST 10TH TERRACE, UNIT #3          WILTON MANORS, FL 33334</b>
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 <b>#48-1306527</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		0422200* Chg-LLC CR2E083 (10/03)
6. Name and Address of Current Registered Agent <b>UNITED CORPORATE SERVICES, INC.          9200 SOUTH DADELAND BLVD., SUITE 508          MIAMI, FL 33156</b>		7. Name and Address of New Registered Agent Name <b>Guy Urciuoli</b> Street Address (P.O. Box Number is Not Acceptable) <b>2606 NE. 10th Terrace #3</b> City <b>Wilton Manors</b> FL Zip <b>33334</b>
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 obligation of registered agent.		
SIGNATURE <u><i>Guy Urciuoli</i></u>		DATE <b>4/26/04</b>
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>
TITLE <b>MGR M</b> NAME <b>GUY AND URCIUOLI</b> STREET ADDRESS <b>2606 NE 10th Terrace #3</b> CITY- ST- ZIP <b>WILTON MANORS, FL. 33334</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
I, 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><i>Guy Urciuoli</i></u>		DATE <b>4/26/04</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SECOND MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		PHONE NUMBER <b>954-261-2816</b>