2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State
03-23-2005 90241 041 ****50.00

DOCUMENT # L03000012613

1. Entity Name
TITLE MARKETPLACE LLC

Principal Place of Business	Mailing Address
~~32660 U.S. HIGHWAY 19 NORTH~~ ~~PALM HARBOR, FL 34684~~	411 WINDWARD PASSAGE CLEARWATER, FL 33767

01132005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
2635 McCormick	Same
Suite, Apt. #, etc.: #101	Suite, Apt. #, etc.
City & State: Clearwater, FL	City & State
Zip: 33759 Country: USA	Zip Country

4. FEI Number: 65-1196047 Applied For / Not Applicable

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
HASLEY, STEVEN M 411 WINDWARD PASSAGE CLEARWATER, FL 33767	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 ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2005 V,#

Make check payable to Florida Department of State

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HASLEY, STEVEN M PRES. ~~32660 U.S. HWY. 19 N.~~ ~~PALM HARBOR, FL 34684~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Hasley, Steven / Pres. 2635 McCormick Dr. St. #101 Clearwater, FL 33759	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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: X [signature] X 3-14-05 X(727)-781-2244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #