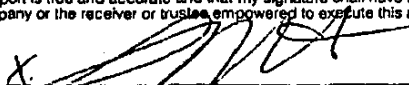


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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 22660 U.S. HIGHWAY 19 NORTH PALM HARBOR, FL 34684		Mailing Address 411 WINDWARD PASSAGE CLEARWATER, FL 33767	
2. Principal Place of Business 2635 McCoimick #101	3. Mailing Address USAme		
City & State Clearwater, FL	City & State		
Zip 33759	Country USA	Zip	Country
4. FEI Number 65,196047		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HASLEY, STEVEN M 411 WINDWARD PASSAGE CLEARWATER, FL 33767		7. Name and Address of New Registered Agent	
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 state if applicable.		DATE	
Piling Fee is \$50.00 Due by May 1, 2005.		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. 22660 U.S. HWY. 19 N. PALM HARBOR, FL 34684	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Hasley, Steven / Pres. 2635 McCoimick Dr. St. #101 Clearwater, FL 33759
	☐ Delete		☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
	☐ Delete		☐ 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 		X 3-14-05 X(72)-791-2244	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	