
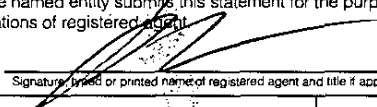
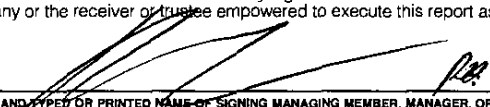


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90079 025 *****50.00

DOCUMENT # L03000022765					
1. Entity Name SPECIALIST TITLE AND ESCROW, L.L.C.					
Principal Place of Business 2000 GLADES ROAD, SUITE 300 BOCA RATON, FL 33431			Mailing Address 2000 GLADES ROAD, SUITE 300 BOCA RATON, FL 33431		
2. Principal Place of Business 4660 West Hillsboro Blvd.		3. Mailing Address 4660 West Hillsboro Blvd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Coconut Creek, FL		City & State Coconut Creek, FL		4. FEI Number 90-0114717	
Zip 33073		Country U.S.A.		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent LEWIS, RONALD 2000 GLADES ROAD, SUITE 300 BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name: Lewis, Ronald Street Address (P.O. Box Number is Not Acceptable) 2500 No. Military Trail, Suite 465 City: Boca Raton, FL Zip Code: 33431		
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: 4/27/04	
Filing Fee is \$50.00 Due by May 1, 2004				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEWIS, RONALD ESQ. 2000 GLADES ROAD, SUITE 300 BOCA RATON, FL 33431		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Lewis, Ronald Esq. 2500 No. Military Trail Suite 465 Boca Raton, FL 33431	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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: 4/27/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #	