

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024769

FILED  
Apr 16, 2004  
Secretary of State

**Entity Name:** EXCELLENT TITLE SERVICES, LLC

**Current Principal Place of Business:**

7198 BENEVA ROAD  
SARASOTA, FL 34238

**New Principal Place of Business:**

**Current Mailing Address:**

7198 BENEVA ROAD  
SARASOTA, FL 34238

**New Mailing Address:**

**FEI Number:** 20-0075581

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HUDLOW, MICHAEL M  
7340 FEATHERSTONE BLVD  
SARASOTA, FL 34238 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

**Title:** MGRM ( ) Delete  
**Name:** OCH, LLC,  
**Address:** 521 PLYMOUTH ROAD, SUITE 120  
**City-St-Zip:** PLYMOUTH MEETING, PA 19462 US

**Title:** MGRM ( ) Delete  
**Name:** GRYPHON INVESTMENTS,, INC.  
**Address:** 510 BAY ISLES ROAD  
**City-St-Zip:** LONGBOAT KEY, FL 34228 US

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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:** MICHAEL M. HUDLOW, MEMBER OCH, LLC

MGRM

04/16/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date