

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90037 046 ****50.00

DOCUMENT # L03000035057					
1. Entity Name THE JOHN TITOR FOUNDATION, L.L.C.					
Principal Place of Business 606 FRONT ST. CELEBRATION, FL 34747			Mailing Address 606 FRONT ST. CELEBRATION, FL 34747		
2. Principal Place of Business 800 Celebration Avenue		3. Mailing Address PMB 237			
Suite, Apt. #, etc. Suite 227		Suite, Apt. #, etc. 7862 W. Irlo Bronson Hwy.			
City & State Celebration, FL		City & State Kissimmee, FL			
Zip 34747		Zip 34747			
Country Osceola		Country		04122005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 56-2408717				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HABER, LAWRENCE H ESQ 606 FRONT ST. CELEBRATION, FL 34747			7. Name and Address of New Registered Agent Name: <u>Haber, Lawrence H ESQ</u> Street Address (P.O. Box Number is Not Acceptable): <u>800 Celebration Avenue</u> <u>Suite 227</u> City: <u>Celebration</u> <u>FL</u> Zip Code: <u>34747</u>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing 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 HABER, LAWRENCE H ESQ 606 FRONT ST. CELEBRATION, FL 34747	<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"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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: <u>R. Titor</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					