
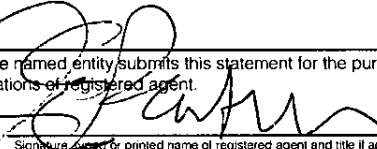
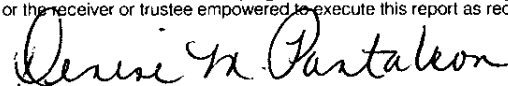


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90302 009 ****50.00

| | | | | | |
|---|--|--|--|---|--|
| DOCUMENT # L03000041154 1. Entity Name VP TITLE & TRUST, LLC | | | |  | |
| Principal Place of Business 7232 SAND LAKE ROAD, SUITE 103 ORLANDO, FL 32819 | | | Mailing Address 7232 SAND LAKE ROAD, SUITE 103 ORLANDO, FL 32819 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | |
| 6. Name and Address of Current Registered Agent PANTALEON, I. ED. ESQ. C/O SHUTTS & BOWEN LLP 300 SOUTH ORANGE AVE., SUITE 1000 ORLANDO, FL 32801-5403 | | | 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:  DATE: 3-12-04 <small>Signature of registered agent or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| 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 MEM Denise M. Pantaleon <input type="checkbox"/> Delete STREET ADDRESS 7232 Sand Lake Road, Suite 103 CITY-ST-ZIP Orlando, FL 32819 | | | TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP | | |
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| TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP | | |
| 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:  | | | 3-12-04 401-447-0853 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | <small>Date Daytime Phone #</small> | | |

24028292



02022004 Chg-LLC CR2E083 (10/03)

4. FEI Number **33.1074137** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required