2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000043230

Entity Name: CYPRESS TITLE, LLC

Current Principal Place of Business:

550 W. CYPRESS CREEK BLVD., SUITE 380
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

550 W. CYPRESS CREEK RD
SUITE 380
FORT LAUDERDALE, FL 33309

Current Mailing Address:

550 W. CYPRESS CREEK BLVD., SUITE 380
FORT LAUDERDALE, FL 33309

New Mailing Address:

550 W. CYPRESS CREEK RD
SUITE 380
FORT LAUDERDALE, FL 33309

FEI Number: 20-0375630   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

DWARES, DAVID M
550 W. CYPRESS CREEK BLVD., SUITE 380
FORT LAUDERDALE, FL 33309

Name and Address of New Registered Agent:

DWARES, DAVID M
550 W. CYPRESS CREEK RD
SUITE 380
FORT LAUDERDALE, FL 33309

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: _____   03/24/2004
                    Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM ( ) Delete
Name:	DWARES, DAVID M
Address:	550 W. CYPRESS CREEK BLVD., SUITE 380
City-St-Zip:	FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES:

Title:	MGRM (X) Change ( ) Addition
Name:	DWARES, DAVID M
Address:	550 W. CYPRESS CREEK RD, SUITE 380
City-St-Zip:	FORT LAUDERDALE, FL 33309

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: DAVID M. DWARES   MGRM   03/24/2004
                    Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date