

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000043438

FILED
Jan 19, 2004
Secretary of State

Entity Name: COMMONWEALTH TITLE, LLC

Current Principal Place of Business:

18250 NW 2ND AVE
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

18250 NW 2ND AVE
MIAMI, FL 33169

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAGEN & HAGEN, P.A.
3531 GRIFFIN RD
FT LAUDERDALE, FL 33312 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: LUBELL, STEVEN
Address: 18250 NW 2ND AVE
City-St-Zip: MIAMI, FL 33169

Title: MGRM () Change (X) Addition
Name: ROSEN, MARK
Address: 18250 NW 2ND AVENUE
City-St-Zip: MIAMI, FL 33169

Title: MGRM () Change (X) Addition
Name: HAGEN, KEVIN
Address: 18250 N.W. 2ND AVE
City-St-Zip: MIAMI, FL 33169

Title: MGRM () Change (X) Addition
Name: HAGEN, MAX
Address: 18250 N.W. 2ND AVE
City-St-Zip: MIAMI, FL 33169

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: MARK ROSEN

MGRM

01/19/2004

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