
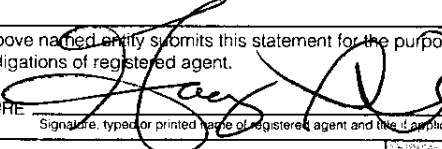
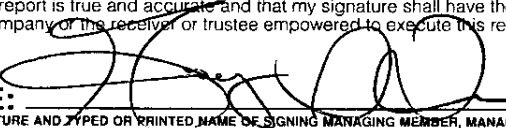


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90043 016 ****50.00

DOCUMENT # L03000046349			
1. Entity Name ADVANTAGE TITLE COMPANY, LLC			
Principal Place of Business 7100 FAIRWAY DRIVE #33 PALM BEACH GARDENS FL 33418		Mailing Address 7100 FAIRWAY DRIVE #33 PALM BEACH GARDENS FL 33418	
2. Principal Place of Business 6272 Lantana Rd Suite, Apt. #, etc. Suite 100 City & State Lake Worth FL Zip 33463 Country USA		3. Mailing Address 6272 Lantana Rd Suite, Apt. #, etc. Suite 100 City & State Lake Worth FL Zip 33463 Country USA	
6. Name and Address of Current Registered Agent QUARTELL, JARED N 2749 BIARRITZ DRIVE PALM BEACH GARDENS FL 33410		7. Name and Address of New Registered Agent Name GARY S Thoubboron Street Address (P.O. Box Number is Not Acceptable) 117 Thornton Drive Palm Beach Gardens City Palm Beach Gardens FL Zip Code 33418	
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 04/13/04 (NOTE: Registered Agent signature required when reinstating)			
<div style="text-align: center;"> FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 </div>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM QUARTELL, JARED N 7100 FAIRWAY DRIVE #33 PALM BEACH GARDENS FL 33418 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(MGRM) Georgiana Dambra <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition (MGRM) 417 Oregon Lane Boca Raton FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOUBBORON, GARY S 7100 FAIRWAY DRIVE #33 PALM BEACH GARDENS FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(MGRM) Karen Alexander <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition (MGRM) 11614 Orange Grove Blvd Royal Palm Beach 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(MGRM) Steven Duhl <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8295 South Virginia Ave Palm Beach Gardens 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> 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"/> Delete	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: 		03/29/04 (561) 373-3356	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	



MOORE CR2E083 (11/03)