

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000051540

FILED
Apr 12, 2004
Secretary of State

Entity Name: CITIZENS TITLE AND ESCROW, LLC

Current Principal Place of Business:

6365 TAFT STREET
SUITE 3006A
HOLLYWOOD, FL 33024

New Principal Place of Business:

Current Mailing Address:

11200 PINES BLVD
SUITE 200
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 20-0465712

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ODALYS M. IBRAHIM P.A.
11200 PINES BLVD
SUITE 200
PEMBROKE PINES, FL 33026 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: MGR () Delete
Name: IBRAHIM, ODALYS M
Address: 11200 PINES BLVD #200
City-St-Zip: PEMBROKE PINES, FL 33026

Title: MGR () Delete
Name: JANGBAHADOOR, ADAISH
Address: 1870 NE 199 ST
City-St-Zip: MIAMI, FL 33179

Title: MGR () Delete
Name: LAOS, JOSE L
Address: 1164 NE 209 TERRACE
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ODALYS IBRAHIM

MGR

04/12/2004

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