2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 18, 2005 8:00 am Secretary of State

DOCUMENT # L03000053461 1. Entity Name TLG TITLE LLC							01-18-2005 9	0180 017	7 ****5(0.00		
Principal Place of Business 4300 NORTH UNIVERSITY DRIVE SUITE A-206 LAUDERHILL, FL 33351			Mailing Address 4300 NORTH UNIVERSITY DRIVE SUITE A-206 LAUDERHILL, FL 33351				TTER (IIIN ERVII ERVII ERVII		8:8:8 8 :18:418			
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01132005	Chg-LLC	CR2E083				
City & State		City & State			4. FEI Number	03799	73		plied For t Applicable			
Zíp		Country	Zip	Coun	try	5. Certificate of		L F	5.00 Add se Required	litional d		
	6. Name	and Address of Current R	legistered Agent		Name	7. Name and A	ddress of New Re	gistered Ag	jent			
STEINBERG, ABBY L				-		(P.O. Box Number is Not Acceptable)						
SUITE A-206 LAUDERHILL, FL 33351										· 		
					City			FL	Zip Code	9		
8. The above the obligat	named entit tions of regist	y submits this statement for tered agent.	the purpose of changing its	registere	ed office or register	red agent, or both,	, in the State of Flor	ida. I am far	miliar with,	and accept		
SIGNATURE .	Signature, typed	or printed name of registered agent ar	nd title if applicable. (NOTE	: Registere	d Agent signature required	when reinstating)		DATE				
Filing Fee is \$50.00 Due by May 1, 2005									Make check payable to Florida Department of State			
Fi De	iling Fee i ue by Ma	is \$50.00 y 1, 2005								•		
Fi Di	iling Fee i ue by Ma	is \$50.00 y 1, 2005 MANAGING MEMBEF	IS/MANAGERS	10.				Departmer		•		
Di	iling Fee i ue by Ma	y 1, 2005	IS/MANAGERS	10.	· · · · · · · · · · · · · · · · · · ·		Florida	Departmer CHANGES		Addition		
9.	MGRM STEINBE 4300 NOR	y 1, 2005	☐ Delete	TITLE NAM STRE	I .		Florida	Departmer CHANGES	nt of State			
9. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS	MGRM STEINBE 4300 NOF LAUDERI MGR GARDNE 6555 NOF	MANAGING MEMBER RG, ABBY L RTH UNIVERSITY DRIVI HILL, FL 33351 R, JAMES RTH POWERLINE ROAL	Delete	TITLE NAM STRE CITY TITLE NAM STRE	E ET ADDRESS -ST-ZIP : E EF ADDRESS		Florida	Department	nt of State			
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGRM STEINBE 4300 NOF LAUDERI MGR GARDNE 6555 NOF FORT LAI MGR WILEY, E 6555 NOF	MANAGING MEMBER RG, ABBY L RTH UNIVERSITY DRIVI HILL, FL 33351 R, JAMES RTH POWERLINE ROAD UDERDALE, FL 33309	Delete	TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE STRE NAM STRE	E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E ET ADDRESS		Florida	Department CHANGES [nt of State	Addition		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	MGRM STEINBE 4300 NOF LAUDERI MGR GARDNE 6555 NOF FORT LAI MGR WILEY, E 6555 NOF	MANAGING MEMBER RG, ABBY L RTH UNIVERSITY DRIVI HILL, FL 33351 R, JAMES RTH POWERLINE ROAD UDERDALE, FL 33309 ARL RTH POWERLINE ROAD	Delete	TITLE NAM STRE CITY THELE NAM STRE CITY THE NAM STRE CITY THE NAM STRE CITY THE NAM STRE	E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP		Florida	Department CHANGES [change Change	Addition Addition		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM STEINBE 4300 NOF LAUDERI MGR GARDNE 6555 NOF FORT LAI MGR WILEY, E 6555 NOF	MANAGING MEMBER RG, ABBY L RTH UNIVERSITY DRIVI HILL, FL 33351 R, JAMES RTH POWERLINE ROAD UDERDALE, FL 33309 ARL RTH POWERLINE ROAD	Delete E SUITE A-206 Delete Discourse 114 Delete Discourse 114	TITLE NAM STRE CITY TITLE NAM STRE	E ET ADDRESS -ST-ZIP E ET ADDRESS		Florida	Department CHANGES [change Change	Addition Addition		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEINBE 4300 NOF LAUDERI MGR GARDNE 6555 NOF FORT LAI MGR WILEY, E 6555 NOF FORT LAI	MANAGING MEMBER RG, ABBY L RTH UNIVERSITY DRIVI HILL, FL 33351 R, JAMES RTH POWERLINE ROAL UDERDALE, FL 33309 ARL RTH POWERLINE ROAL UDERDALE, FL 33309	Delete E SUITE A-206 Delete Delete Delete Delete Delete	TITLE NAM STRE CITY	E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP		ADDITIONS/O	Department CHANGES [change Change Change Change	Addition Addition Addition Addition Addition		

11. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i). Honda 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 oats; 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: Mby h. Humble 1/13/05 954-572-9118 SIGNATURE: Date Dayling Manager, or authorized representative Date Dayling Prone 8