



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

01-18-2005 90183 031 ****50.00

DOCUMENT # L04000006872					
1. Entity Name HOLDEN TITLE AND ESCROW, LLC					
Principal Place of Business 8000 N. FEDERAL HIGHWAY, SUITE 220 BOCA RATON, FL 33487			Mailing Address 8000 N. FEDERAL HIGHWAY, SUITE 220 BOCA RATON, FL 33487		
2. Principal Place of Business 200 Lindell Blvd. Suite, Apt. #, etc. Suite 920 City & State Delray Beach, FL Zip 33483 Country USA		3. Mailing Address 200 Lindell Blvd. Suite, Apt. #, etc. Suite 920 City & State Delray Beach, FL Zip 33483 Country USA			
01112005 Chg-LLC CR2E083 (10/03)					
4. FEI Number 57-1198123				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132			7. Name and Address of New Registered Agent Name John L. PADERA JR. Esq. Street Address (P.O. Box Number is Not Acceptable) 200 Lindell Blvd., Suite 920 City Delray Beach FL Zip Code 33483		
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 <u>JOHN L. PADERA JR.</u> DATE <u>1-13-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PADERA, JOHN L JR. 8000 N. FEDERAL HIGHWAY, SUITE 220 BOCA RATON, FL 33487 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME 200 Lindell Blvd., Suite 920 Delray Beach, FL 33483 <input checked="" 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	
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: <u>JOHN L. PADERA JR.</u> <u>1/13/05</u> <u>561-819-2111</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> Managing Member					