2005 LIMITED LIABILITY COMPANY

SIGNATURE:

Feb 11, 2005 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # L04000013710 1. Entity Name 02-11-2005 90138 006 ****50.00 THE TITANS OF SOUTH FLORIDA, LLC Principal Place of Business Mailing Address **CUULUUJ** 527 N.E. 16TH STREET FT. LAUDERDALE, FL 33304 527 N.E. 16TH STREET FT. LAUDERDALE, FL 33304 2. Principal Place of Business Mailing Address 208 NE 22 STNE Suite, Apt. #, etc. CR2E083 (10/04) 1st MOORE City & State Applied For City & State 4. FEI Number MANORS FL WILTON Not Applicable OSA \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEP HEN GARREPY, STEPHEN C Street Address (P.O. Box Number is Not Acceptable) **527 N.E. 16TH STREET** FT. LAUDERDALE FL 33304 8. The above named entity submits this statement for the purpose of iging 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 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGKW MGRM Addition THE TITLE ☐ Delete MACK 6. YOUNG NAME GARREPY, STEPHEN C NAME 3000 E SUNRISE BLUD #6B STREET ADDRESS 527 N.E. 16TH STREET STREET ADDRESS CITY-ST-7IP FT. LAUDERDALE FL 33304 CITY-ST-ZIP Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 19.07(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.

FILED