2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000039063

1. Entity Name
TITAN ASSOCIATES, LLC

Principal Place of Business	Mailing Address
601 BAYHSORE BLVD., SUITE 960 TAMPA, FL 33606	601 BAYHSORE BLVD., SUITE 960 TAMPA, FL 33606

DO NOT WRITE IN THIS SPACE

07052006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-1155143	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

F & L CORP.
THE GREENLEAF BUILDING
200 LAURA STREET
JACKSONVILLE, FL 32202-3510

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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_____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by September 6, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	OELSCHLAEGER, EDWARD R
STREET ADDRESS	601 BAYHSORE BLVD., SUITE 960
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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07/07/06-80007-023 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____   7-5-2006   813-251-4868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #