

FILED
May 09, 2005 8:00 am
Secretary of State

30005782

DOCUMENT # L04000045239				Secretary of State	
1. Entity Name IFRG TITLE, L.L.C.				04-15-2005 90021 046 *****55.00	
Principal Place of Business 10312 BLOMINGDALE AVE. SUITE A-2 RIVERVIEW, FL 33569		Mailing Address 10312 BLOMINGDALE AVE. SUITE A-2 RIVERVIEW, FL 33569		30005782	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02092005 Chg-LLC CR2E083 (10/03)	
City & State		City & State		4. FEI Number 34-2000047	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired		5. Certificate of Status Desired		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMPOAMOR, JOE M JR. 10312 BLOMINGDALE AVE. SUITE A-2 RIVERVIEW, FL 33569		7. Name and Address of New Registered Agent			
		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		City		FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when re/instating) DATE _____					
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 President Joe Campoamor 10312 Bloomingdale Ave St. A 2 Riverview, FL 33569			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: _____ Date: 4/11/05					