


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90026 026 ****50.00

DOCUMENT # L04000061234 1. Entity Name TITANS INVESTMENTS, LLC	
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Principal Place of Business P.O. BOX 4836 SANTA ROSA BEACH, FL 32459	Mailing Address P.O. BOX 4836 SANTA ROSA BEACH, FL 32459
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2. Principal Place of Business	3. Mailing Address	03142005 Chg-LLC CR2E083 (10/03)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number 20-1538138
Zip	Country	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PORATH, SHANNON L
56 SPIRES LANE
SUITE 16A
SANTA ROSA BEACH, FL 32459

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 reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM <input type="checkbox"/> Delete
NAME	GILBERT, MAURICE D
STREET ADDRESS	P.O. BOX 4836
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459
TITLE	MGRM <input type="checkbox"/> Delete
NAME	FOGELBERG, HAROLD W
STREET ADDRESS	6100 MURRAY LANE
CITY-ST-ZIP	BRENTWOOD, TN 37027
TITLE	MGRM <input type="checkbox"/> Delete
NAME	BOWIE, RICHARD L
STREET ADDRESS	401 ABBEY COURT
CITY-ST-ZIP	BRENTWOOD, TN 37027
TITLE	MGRM <input type="checkbox"/> Delete
NAME	FIDLER, ROBERT W
STREET ADDRESS	6429 PANORAMA DRIVE
CITY-ST-ZIP	BRENTWOOD, TN 37027
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 *Maurice Gilbert*