2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 27, 2007
Secretary of State

DOCUMENT# L05000102436

Entity Name: TITANIUM PROPERTIES, LC.

Current Principal Place of Business:

612 110TH AVENUE N
NAPLES, FL 34108

New Principal Place of Business:

3185 AVIAMAR CIRCLE #102
NAPLES, FL 34114 US

Current Mailing Address:

612 110TH AVENUE N
NAPLES, FL 34108

New Mailing Address:

3185 AVIAMAR CIRCLE #102
NAPLES, FL 34114 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ENRIGHT, DAN
612 110TH AVENUE N
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

ENRIGHT, DAN
3185 AVIAMAR CIRCLE #102
NAPLES, FL 34114 US

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.

SIGNATURE: ENRIGHT DAN 09/27/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ENRIGHT, DAN
Address: 612 110TH AVENUE N
City-St-Zip: NAPLES, FL 34108

Title: MGRM ( ) Delete
Name: PAPAPOSTOLOU, GEORGE
Address: 685 LUISA LN
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ENRIGHT, DAN
Address: 3185 AVIAMAR CIRCLE #102
City-St-Zip: NAPLES, FL 34114 US

Title: MGRM (X) Change ( ) Addition
Name: PAPAPOSTOLOU, GEORGE
Address: 685 LUISA LN
City-St-Zip: NAPLES, FL 34104 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ENRIGHT DAN MGR 09/27/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date