

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000056885

FILED
Jan 30, 2009
Secretary of State

Entity Name: TITAN PROPERTY IMPROVEMENTS, LLC

Current Principal Place of Business:

1823 E FORT KING STREET
102
OCALA, FL 34471

New Principal Place of Business:

7 EAST SILVER SPRINGS BLVD
SUITE # 502
OCALA, FL 34470

Current Mailing Address:

1823 E FORT KING STREET
102
OCALA, FL 34471

New Mailing Address:

7 EAST SILVER SPRINGS BLVD
SUITE # 502
OCALA, FL 34470

FEI Number: 20-4976729

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHEO, FRANK M SR.
4701 E FORT KING ST
OCALA, FL 34470 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MICHEO, FRANK M SR
Address: 4701 E FORT KING ST
City-St-Zip: Ocala, FL 34470

Title: MGRM () Delete
Name: PUIG, VICTOR M
Address: 1240 SE 19TH
City-St-Zip: Ocala, FL 34470

Title: MGR () Delete
Name: RAMKISSOON, RANA D MANGER
Address: 1611 SE 18TH AVE
City-St-Zip: Ocala, FL 34471

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FRANK M MICHEO, SR

MGRM

01/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date