


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

01-10-2008 90019 047 \*\*\*138.75

**DOCUMENT # L07000033048**

1. Entity Name  
**TITUS RETAIL, LLC**



Principal Place of Business  
**925 N. COURTENAY PARKWAY, SUITE 28  
 MERRITT ISLAND, FL 32953**

Mailing Address  
**925 N. COURTENAY PARKWAY, SUITE 28  
 MERRITT ISLAND, FL 32953**

**30000383**



2. Principal Place of Business - No P.O. Box #  
 3. Mailing Address

Suite, Apt. #, etc.  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip Country Zip Country

01042008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-8735256**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**NOHRR, PHILIP F ESQUIRE  
 1800 W. HIBISCUS BLVD., SUITE 138  
 MELBOURNE, FL 32901**

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 *[Signature]* DATE 2-5-08

Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reissuing)

**FILE NOW!!! FEE IS \$138.75  
 After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	<b>SOUTH BANANA, INC.</b>	<b>925 N. COURTENAY PARKWAY, SUITE 28</b>	<b>MERRITT ISLAND, FL 32953</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

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

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: *Maurice Nohr* Date 1-4-08 Daytime Phone # 321-453-5360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE