File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

FILED

Secretary of State DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE								98 APR 24 PM 12: 44 SECRETARY OF STATE TALLAHASSEE, FLORIDA						
1. Name and Malling Address of Limited Liability Company DOCUMENT # L97000001381 NORIC TITLE COMPANY L.C. 1711 WORTHINGTON ROAD, #202 WEST PALM BEACH FL 33409							171	TALLAHASSEE, FLORIDA 1a. Principal Place of Business Address 1711 WORTHINGTON ROAD, #202 WEST PALM BEACH FL 33409						
2. Principal Place of Business 2a. Maili				Mailing Address	ng Address			3. Date Organized or Qualified 3s. State of Formation				ion		
Suite, Apt. #, etc. Su				uite, Apt. #, etc.			12/ 4. FEII	12/08/1997 FL 4. FEI Number Applied F						
City & Star	te	-	City 8	City & State				65-0799117 5. Date of Last Report 8.0				Not Applicable		
Zip	ip Country		Žip	Zip		Country		5. Date of Last Report		8. Certificate of Status Desired \$8.75 Additional Fee Required				
	7. Name a	nd Address of	Current Registe	red Agent		Name	8. Name and	Address	of New Re	gistered Ag	ent/Office			
1700 WEST	PALM BI PALM BI PALM BI ant to the provisic red office or regist red agent, and a	EACH LAI EACH FL	508. Florida Sta	itutes, the al	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL above-named limited liability company submits this statement for the purpose of changin authorized by affirmative vote of a majority of the members. I hereby accept the appointment						of changing ppointment			
SIGNATU	IRE	(Registered Agent	Accepting Appointmen	t) (NOTE Registered	d Agent signatur	e required when re-nst	tating)	c	DATE					
10. Title	Managing Members/Managers				Business Street Address			City, State and Zip Code						
MGR MGR		, THOMAS				HINGTON HINGTON	•	#20	WEST	PALM 2503 8738		FL 		
r.								-	Ā	_ API	R 2 7 1	998		

11. Ido 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 annual 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; and that my name appears in Block 10, or on an attachment with an address. attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Daytime Phone #