File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham **ANNUAL REPORT** Secretary of State 98 APR 24 PM 12: 46 1998 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE TALLAHASSEE, FLORIDA Name and Mailing Address of Limited Liability Company **DOCUMENT #** L9700001384 1a. Principal Place of Business Address SUPERIOR TITLE GROUP L.C. 1711 WORTHINGTON RD., #202 1711 WORTHINGTON RD., #202 WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 2. Principal Place of Business 12/05/1997 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 6. Certificate of Status Desired Country Country Zip \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office MIRKIN & WOOLF, P.A. Street Address (P.O. Box Number is Not Acceptable) 1700 PALM BEACH LAKES BLVD., #580 WEST PALM BEACH FL 33401 Suite, Apt. #, etc. Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited flability company submits this statement for the purpose of changing Its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE_ (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR PIERCE, THOMAS K 1711 WORTHINGTON RD., #202 WEST PALM BEACH FL MGR 1711 WORTHINGTON RD., #202 WEST PALM BEACH FL MILLER, JAMES F 700002503767--5 -04/28/98--01108--005 ****188.75 ****188.75 APR 2 7 1998, AL 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 it made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee embowered to execute this report as required by Chapter 608, Porida Statutes; and that my name appears in Block 10, or on an

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

Daylime Phone #

attachment with an address.

SIGNATURE: