

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -1 PM 3:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L98000001374**  
1. Entity Name  
**TITLE MATTERS LLC**

Principal Place of Business Mailing Address  
**301 CLEMATIS ST. SUITE 3000**  
**WEST PALM BEACH, FL 33401**

2. Principal Place of Business 3. Mailing Address  
**301 CLEMATIS ST. SAME**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**3000**

City & State City & State  
**WEST PALM BEACH FL**  
Zip Country Zip Country  
**33401 USA**

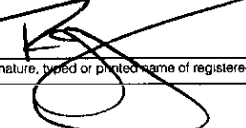
4. FEI Number Applied For  
**05-0855600** Not Applicable  
5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**ROBERT J. KANTJIAN**  
**301 CLEMATIS ST. #3000**  
**WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent  
Name **ROBERT J. KANTJIAN**  
Street Address (P.O. Box Number is Not Acceptable)  
**301 CLEMATIS ST.**  
**SUITE 3000**  
City **WEST PALM BEACH** FL Zip Code **33401**

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.

SIGNATURE  **ROBERT J. KANTJIAN** **4/28/00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE  
**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS  
TITLE NAME ☐ Delete  
**MANAGER**  
**ROBERT J. KANTJIAN**  
STREET ADDRESS  
**294 CORDOVA RD**  
CITY-ST-ZIP  
**WEST PALM BEACH FL 33401**  
TITLE NAME ☐ Delete  
**JAMES P. KELLY MANAGER**  
STREET ADDRESS  
**3034 VINCENT RD.**  
CITY-ST-ZIP  
**WEST PALM BEACH, FL 33401**  
TITLE NAME ☐ Delete  
**REID BYRON**  
STREET ADDRESS  
**MANAGER**  
CITY-ST-ZIP  
**3311 N. FLAGLER DR.**  
**WEST PALM BEACH, FL 33407**

10. ADDITIONS / CHANGES  
TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
400003264084--5  
-05/23/00--01110--016  
\*\*\*\*\*50.00 \*\*\*\*\*50.00  
TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

11. I 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 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:  **ROBERT J. KANTJIAN** **4/28/00** **561-835-0535**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (11/99)