

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001374

1. Entity Name
TITLE MATTERS L.L.C.

Principal Place of Business
10 FAIRWAY DRIVE, STE 302
DEERFIELD BEACH FL 33441

Mailing Address
10 FAIRWAY DRIVE, STE 302
DEERFIELD BEACH FL 33441

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0855600

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KANJIAN, ROBERT J
301 CLEMATIS ST., STE 3000
WEST PALM BEACH FL 33401

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.

SIGNATURE

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 MGR KANJIAN, ROBERT J ☐ Delete
STREET ADDRESS 294 CORDOVA RD.
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE NAME MGR KELLY, JAMES P ☐ Delete
STREET ADDRESS 3034 VINCENT RD.
CITY-ST-ZIP WEST PALM BEACH FL 33405

TITLE NAME MGR BOREN, REID J ☐ Delete
STREET ADDRESS 400 N. FLAGLER, UNIT 2003
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 100004102811-8
CITY-ST-ZIP -05/01/01--01084--008
*****50.00 *****50.00

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

4/13/01 561-835-0535

CR2E083 (11/00)



FILED
2001 APR 23 PM 2:10
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE