

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 16, 2002 8:00 am**  
**Secretary of State**

07-16-2002 90370 014 \*\*\*\*50.00

**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

**301 CLEMATIS ST.  
 Suite, Apt. #, etc.  
 203**

3. Mailing Address

**301 CLEMATIS ST.  
 Suite, Apt. #, etc.  
 203**

City & State

**WEST PALM BEACH, FL**

City & State

**WEST PALM BEACH, FL**

Zip

**33401**

Country

**USA**

Zip

**33401**

Country

**USA**

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

7. Name and Address of New Registered Agent

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

Name **KANJIAN, ROBERT J.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**301 CLEMATIS ST.  
 SUITE 203**  
 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. I am familiar with, and accept the obligations of registered agent.

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  
 Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE ☒ Change ☐ Addition  
 NAME **MGR BOREN, REID J.**  
 STREET ADDRESS **3311 N. FLAGLER OR.**  
 CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 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

**7/9/2 501-835-0535**

CR2E083 (4/02)