
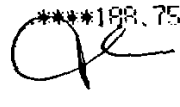
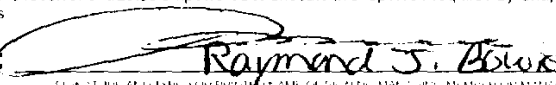


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED APR 21 PM 5:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA																	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE																			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000001735 Title Management Associates, L.L.C. 900 Gth Ave. South, #104 Naples, FL 34102		1a. Principal Place of Business Address same																			
2. Principal Place of Business same as above Suite, Apt. #, etc.		2a. Mailing Address same Suite, Apt. #, etc.		3. Date Organized or Qualified 9/4/98																	
City & State		City & State		3a. State of Formation Florida																	
Zip		Country USA		4. FEI Number 59-3530547																	
5. Date of Last Report		6. Certificate of Status Desired <input type="checkbox"/> 58 75 Additional Fee Required		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																	
7. Name and Address of Current Registered Agent Raymond J. Bowie 900 Gth Ave. South, #104 Naples, FL 34102			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code																		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability 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 _____			DATE _____																		
(The above Agent/Registered Agent/Office is the only authorized agent for the company.)																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">10. Title</th> <th style="width: 30%;">Managing Members/Managers</th> <th style="width: 30%;">Business Street Address</th> <th style="width: 30%;">City, State and Zip Code</th> </tr> </thead> <tbody> <tr> <td>MGRM</td> <td>Raymond J. Bowie</td> <td>900 Gth Ave. So. #104 Naples, FL 34102</td> <td>Naples, FL 34102</td> </tr> <tr> <td>MGRM</td> <td>Pamela Stewart</td> <td>same</td> <td>same</td> </tr> <tr> <td>MGRM</td> <td>Richard A. Sena</td> <td>same</td> <td>same</td> </tr> </tbody> </table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MGRM	Raymond J. Bowie	900 Gth Ave. So. #104 Naples, FL 34102	Naples, FL 34102	MGRM	Pamela Stewart	same	same	MGRM	Richard A. Sena	same	same
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R000002859088--5 -04/30/99--01125--008 ****188.75 ****188.75 																					
11. I do 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.																					
SIGNATURE:  Raymond J. Bowie 4/19/99 944/435-1007																					