2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2003 8:00 am Secretary of State

DOCUMENT # L9900005627 1. Entity Name TITANIUM INVESTMENT COMPANY LLC					04-30-2003 90177 028 ****50.00
Principal Plac	e of Business	Mailing Address		L	
3111 N. UNIVERSITY DR. 3111 N. UNIVER					_
SUITE 725		SUITE 725	SUITE 725		,
CORAL SPRINGS FL 33065 CORAL SPRINGS FL 330		CORAL SPRINGS FL 33065	`	L .	A DERIVER SHE ISHE SEND CENTER SEND CENTER SEND CENTER SENDE SINCE SINCE SINCE SINCE
2. Principal Place of Business		3. Mailing Address		* ***	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES
City & State		City & State			4. FEI Number 65-0956108 Applied For Not Applicable
Zip	Country	Zip	Count	try	5. Certificate of Status Desired
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent					
PAU	L, JORDAN C	in the manner of the same of t	**	-Name	
3111 N. UNIVERSITY DR.				Street Address (P.O. Box Number is Not Acceptable)
	E 725			 	
COR	AL SPRINGS FL 33065		. •	-	2
				City	/ FL Zip Code
	named entity submits this statement folions of registered agent.	r the purpose of changing its	registere	ed office or register	ed agent, or both, in the State of Florida. I am familiar with, and accept
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		orida Departmer ny 1, 2003	nt of State
9.	MANAGING MEMBE	RS/MANAGERS	10.		ADDITIONS/CHANGES
TITLE	MGRM	Delete (TITLE	,	☐ Change ☐ Addition
name Street address	TITANIUM CORPORATION	•	NAME	15	
CITY-ST-ZIP	3111 N. UNIVERSITY DR. #725 CORAL SPRINGS FL 33065			ET ADDRESS :ST-ZIP	The state of the s
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in I nereby o	serting triat trie information supplied with	uns ming does not qualify for	ine exen	nption stated in Sei	ction 119.07(3)(i), Florida Statutes. I further certify that the information

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:

O OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATI

4/21/03 0

954-346-172

Daytime Phone #