

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90025 041 ****50.00

DOCUMENT # L99000007017

1. Entity Name

COMMUNITY FINANCIAL TITLE, L.L.C.



Principal Place of Business

1031 WEST MORSE BLVD., SUITE 160
WINTER PARK FL 32789

Mailing Address

1031 WEST MORSE BLVD., SUITE 160
WINTER PARK FL 32789

2. Principal Place of Business

1031 W. Morse Blvd.

Suite, Apt. #, etc.

Suite 350

City & State

Winter Park, FL

3. Mailing Address

1031 W. Morse Blvd.

Suite, Apt. #, etc.

Suite 350

City & State

Winter Park, FL



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3611766**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SWANN, RICHARD R
1031 WEST MORSE BLVD., SUITE 160
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name
Swann, Richard R.

Street Address (P.O. Box Number is Not Acceptable)

1031 W. Morse Blvd.

Suite 350

City Winter Park

FL

Zip Code

32789

8. The above named entry 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

1-29-03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SWANN, RICHARD R
1031 WEST MORSE BLVD., SUITE 160
WINTER PARK FL 32789 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Swann, Richard R.
1031 W. Morse Blvd., Suite 350
Winter Park, FL 32789 ☒ Change ☐ Addition

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

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

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

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

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

CR2E083 (10/02)

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] **SIGNATURE REQUIRED**

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

Date

Daytime Phone #

1-29-03

407-647-2777