2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # M00000002268

1. Entity Name
TITUSVILLE POINTE, LLC

Principal Place of Business	Mailing Address
% COMMUNITY PLANNING ASSOCIATES 123 NW 13TH ST., SUITE 208 BOCA RATON, FL 33432	% COMMUNITY PLANNING ASSOCIATES 123 NW 13TH ST., SUITE 208 BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

01062004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1055962

Applied For / Not Applicable

5. Certificate of Status Desired [ ] **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

COMMUNITY PLANNING ASSOCIATES, INC.
123 NW 13TH ST., SUITE 208
BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when constituting) DATE
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is $50.00
Due by May 1, 2004

000000067546
02/27/04-80004-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	RICHTER, MICHAEL
STREET ADDRESS	123 NW 13 AT., SUITE 208
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 2/24/04 561-368-6622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #