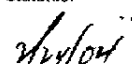


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # M00000002268 1. Entity Name TITUSVILLE POINTE, LLC		
Principal Place of Business % COMMUNITY PLANNING ASSOCIATES 123 NW 13TH ST., SUITE 208 BOCA RATON, FL 33432	Mailing Address % COMMUNITY PLANNING ASSOCIATES 123 NW 13TH ST., SUITE 208 BOCA RATON, FL 33432	
DO NOT WRITE IN THIS SPACE		
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when consulting)		
Filing Fee is \$50.00 Due by May 1, 2004		01062004 No Chg-LLC CR2E083 (10/03) 4. FRI Number 65-1055962 Applied Fee Not Applicable 5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICHTER, MICHAEL 123 NW 13 AT., SUITE 208 BOCA RATON, FL 33432	
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TITLE 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 110.07(3)(b), 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 recipient trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		 161-368-6622