2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 03, 2007 8:00 am Secretary of State **DOCUMENT # M00000002268** 05-03-2007 90256 001 ****50.00 1. Entity Name TITUSVILLE POINTE, LLC Principal Place of Business Mailing Address 60048047 1881 KNOX MCRAE DRIVE SOL HEIFETZ 19355 TURNBERRY WAY #16GR TITUSVILLE, FL 32780 AVENTURA, FL 33180 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04052007 Cha-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 65-1055962 Not Applicable Country Zio Zip Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COMMUNITY PLANNING ASSOCIATES, INC. 123 NW 13TH ST., SUITE 208 BOCA RATON, FL 33432 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. and title if applicable (NOTE Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES ☐ Defete MILE TITLE ☐ Change ☐ Addition HEIFETZ, SOL NAMI STREET ADDRESS 19355 TURNBERRY WAY #16GR STREET ADDRESS CtTY-ST-ZIP AVENTURA, FL 33180 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Hurther 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.

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

SIGNATURE: a

4-30-07

FILED