2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000003097

1. Entity Name

Principal Place of Business

UNITED STATES TITLE SERVICES, LLC



Mailing Address

DO NOT WRITE IN THIS SPACE

4151 ASHFORD DUNWOODY ROAD, STE 660 ATLANTA, GA 30319 4151 ASHFORD DUNWOODY ROAD, STE 660 ATLANTA, GA 30319

FILED Jan 13, 2004 08:00 AM Secretary of State



01062004 No Chg-LLC

CR2E083 (10/03)

4.	FE! Number
	03-0473202

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6.	Name	ಕಗಡೆ	Address	of	Current	Rec	istered	Agent

DRACH, THOMAS SAMUEL 790 ADAM DRIVE NORTH FORT MYERS, FL 33917

SIGNATURE:

DO NOT WRITE IN THIS SPACE

NO CONTRACTOR OF THE PARTY OF T	or markets a source	IN I	HIS SPACE
	named entity submits this statement for the purpose of chan- ions of registered agent	ging its registered office or registered agent, or bo	th, in the State of Florida. ∃ am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of repistered agent and tille al applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
	iling Fee is \$50.00 ue by May 1, 2004		
9.	MÁNÁGING MEMBÉRS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PUESCHEL, BRIAN S 4151 ASHFORD DUNWOODY ROAD, STE 660 ATLANTA, GA 30319		U00000004111 01/14/04-80015-013 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN .	THIS SPACE
TRILE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby indicated limited lia	certify that the information supplied with this filing does not que on this report is true and accurate and that my signature she ibility company or the receiver or trustage empowered to exec	uality for the exemption stated in Section 119.07(3) all have the same legal effect as if made under oat ute this report as required by Chapter 608, Florida	(i), Florida Statutes. I further certify that the information , that I am a managing member or manager of the Statutes.

INTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE