


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90378 029 ****50.00

DOCUMENT # L03000018240 1. Entity Name CHARLOTTE COUNTY TITLE & ABSTRACT, LLC			
Principal Place of Business 3191-B HARBOR BLVD. PORT CHARLOTTE, FL 33952		Mailing Address 3191-B HARBOR BLVD. PORT CHARLOTTE, FL 33952	
2. Principal Place of Business - No P.O. Box # 950 Tamiami Trail STE 101 Pt. Charlotte, FL 33953		3. Mailing Address 950 Tamiami Trail STE 101 Pt. Charlotte, FL 33953	
		04122007 Chg-LLC CR2E083 (12/06)	
		4. FEI Number 20-0693970	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DUNN, CAROL J 3191-B HARBOR BLVD. PORT CHARLOTTE, FL 33952		7. Name and Address of New Registered Agent Name 950 Tamiami Trail Street Ad STE 101 Pt. Charlotte, FL 33953 City FL Zip Code	
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: <i>Carol J. Dunn</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE: 4/18/07 <small>(NOTE: Registered Agent signature required when restateing)</small>	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRJ DUNN, CAROL J 17479 O'HARA DR. PORT CHARLOTTE, FL 33948 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	950 Tamiami Trail STE 101 Pt. Charlotte, FL 33953 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRS OSKEY, RONALD J 3191 HARBOR BLVD STE B PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	950 Tamiami Trail STE 101 Pt. Charlotte, FL 33953 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Carol J. Dunn</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE: 4/18/07 941-624-8886 <small>Date Daytime Phone #</small>	