

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000036713

FILED
Mar 22, 2007
Secretary of State

Entity Name: PROFESSIONAL TITLE & ESCROW LLC

Current Principal Place of Business:

880 STATE ROAD 434 EAST
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

801 SUNSET DRIVE
SUITE E4
JOHNSON CITY, TN 37604 US

New Mailing Address:

FEI Number: 47-0932142 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HASTINGS, TERRI
8380 BAYMEADOWS ROAD
9
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KING, C. JACKSON
Address: 449 - 8TH AVENUE DRIVE, NW
City-St-Zip: HICKORY, NC 28601 US

Title: MGRM () Delete
Name: MEARS, KAREN H
Address: 2201 OLD TUSCULUM ROAD
City-St-Zip: GREENEVILLE, TN 37745 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: HOLMES, JR., JERRY D
Address: 2911 A SOUTHSORE DRIVE
City-St-Zip: HOLLY RIDGE, NC 28445 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JERRY D. HOLMES, JR.

MGRM

03/22/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date