

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000036645

FILED
Jan 11, 2006
Secretary of State

Entity Name: LABELLE TRUE TITLE & TRUST, LLC

Current Principal Place of Business:

150 SOUTH MAIN STREET
SUITE 2C
LABELLE, FL 33935 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 2520
LABELLE, FL 33975 US

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATKINS, JOHN J
150 SOUTH MAIN STREET
LABELLE, FL 33975 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: WATKINS, JOHN J
Address: P. O. BOX 250
City-St-Zip: LABELLE, FL 33975 US

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

ADDITIONS/CHANGES:

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

Title: MGRM () Change (X) Addition
Name: PELLETIER, GAIL
Address: P.O. BOX 2520
City-St-Zip: LABELLE, FL 33975 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: JOHN JAY WATKINS

MGRM

01/11/2006

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