

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000036645

FILED  
Jan 25, 2007  
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:** 20-1142047

**FEI Number Applied For ( )**

**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: MGRM ( ) Delete  
Name: PELLETIER, GAIL  
Address: P.O. BOX 2520  
City-St-Zip: LABELLE, FL 33975 US

**ADDITIONS/CHANGES:**

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

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

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

01/25/2007

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