2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000039930

1. Entity Name LEASE ABSTRACT SERVICES LLC



Principal Place of Business

6511 TURNERS GAP ROAD BRADENTON, FL 34203 Mailing Address
6511 TURNERS GAP ROAD
BRADENTON, FL 34203 U

FILED Feb 23, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 01-0776706

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

WOOLLEY, CATHY 6511 TURNNERS GAP RD BRADENTON, FL 34203

DO NOT WRITE IN THIS SPACE

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.	Lamf	amiliar	with, and a	ccept
	the obligations of registered agent.				
	•	•	**		
SI	3NATURE				_

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS					
TITLE	MGRM					
NAME	WOOLLEY, CATHY					
STREET ADDRESS	6511 TURNERS GAP ROAD					
CITY-ST-ZIP	BRADENTON, FL 34203					
TITLE	MGRM					
NAME	WOOLLEY, JOHN					
STREET ADDRESS	6511 TURNERS GAP ROAD					
CITY-ST-ZIP	BRADENTON, FL 34203					
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
TITLE						
NAME						
STREET ADDRESS						
CITY+ST-ZIP						
TITLE						
NAME						
STREET ADDRESS						
CITY+ST-ZIP						
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
11. I hereby certify that the information supplied with this filling does not qualify for the e						

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 poort as required by Chapter 608, Florida Statutes.

SIGNATURE: JOHN WOOLLEY, NAMER.

OR AUTHORIZED REPRESENTATIVE

2.19.07

941-139.3974

Date

Dayume Phone #