

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000060194

FILED
Aug 22, 2007
Secretary of State

Entity Name: IMPACT TITLE PARTNERS OF NEW PORT RICHEY, LLC

Current Principal Place of Business:

8018 OLD CR 54
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

Current Mailing Address:

10305 MANTA WAY
TAMPA, FL 33615

New Mailing Address:

FEI Number: 20-3206607 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MCDUGALD, ROBERT T
10305 MANTA WAY
TAMPA, FL 33615 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: MGR () Delete
Name: MCDUGALD, ROBERT T
Address: 10305 MANTA WAY
City-St-Zip: TAMPA, FL 33615

Title: MGRM () Delete
Name: MCDUGALD, JANETTE R
Address: 10305 MANTA WAY
City-St-Zip: TAMPA, FL 33615

Title: MGRM () Delete
Name: EHRlich, BRYAN P
Address: 1103 HAGEN DR.
City-St-Zip: TRINITY, FL 34655

Title: MGRM () Delete
Name: EHRlich, SUZANNE
Address: 1103 HAGEN DR.
City-St-Zip: TRINITY, FL 34655

ADDITIONS/CHANGES:

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

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

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 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: ROBERT MCDUGALD

MGR

08/22/2007

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