2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 22, 2007
Secretary of State

DOCUMENT# L05000060198

Entity Name: IMPACT TITLE PARTNERS OF CARROLLWOOD, LLC

Current Principal Place of Business:

11016 N. DALE MABRY HWY
SUITE 204
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

10305 MANTA WAY
TAMPA, FL 33615

New Mailing Address:

FEI Number: 20-3206621 **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:	EHRLCIH, 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