


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90436 039 ****50.00

DOCUMENT # L06000064768

1. Entity Name
PACIFIC TITLE & ABSTRACT, LLC



Principal Place of Business
**550 REO STREET STE 201-A
 TAMPA, FL 33609**

Mailing Address
**550 REO STREET STE 201-A
 TAMPA, FL 33609**

00001106

2. Principal Place of Business - No P.O. Box #
8370 W. Hillsborough Ave

3. Mailing Address
8370 W. Hillsborough Ave

Suite, Apt. #, etc.
Suite 208

Suite, Apt. #, etc.
Suite 208

City & State
Tampa

City & State
Tampa

Zip
33615

Country
USA

Zip
33615

Country
USA



03282007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-5085707

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

VITELLO, JOSEPH JR
550 REO STREET STE 201-A
TAMPA, FL 33609

7. Name and Address of New Registered Agent

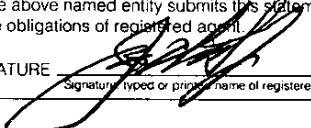
Name
Vitello, Joseph Jr.

Street Address (P.O. Box Number is Not Acceptable)
8370 W. Hillsborough Ave
Suite 208

City
Tampa

FL Zip Code
33615

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **3/26/07**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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

Make check payable to
Florida Department of State

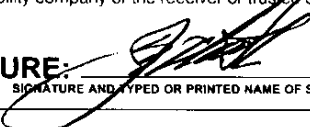
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BACKER, RONALD 4507 SOUTH FERNCREFT CIRCLE TAMPA, FL 33629	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VITELLO, JOSEPH JR 8708 THORNWOOD LANE TAMPA, FL 33615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLENENING, JAMES W 3852 HENDERSON BOULEVARD TAMPA, FL 33615	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE:  **Joseph Vitello Jr., Mgrm** **3/26/07** **813-282-8199**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #