



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # L06000064768 1. Entity Name PACIFIC TITLE & ABSTRACT, LLC	
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Principal Place of Business 8370 WEST HILLSBOROUGH AVE SUITE 208 TAMPA, FL 33615	Mailing Address 8370 WEST HILLSBOROUGH AVE SUITE 208 TAMPA, FL 33615
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DO NOT WRITE IN THIS SPACE



03122008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5085707	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**VITELLO, JOSEPH JR
8370 WEST HILLSBOROUGH AVE
SUITE 208
TAMPA, FL 33615**

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

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

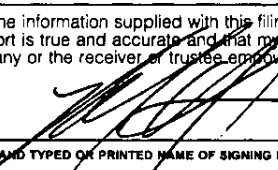
U000000911203
05/07/08-80031-001 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BACKER, RONALD 4507 SOUTH FERNCREFT CIRCLE TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VITELLO, JOSEPH JR 8708 THORNWOOD LANE TAMPA, FL 33615
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IN THIS SPACE**

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:  **Ronald Backer, Managing Member** 813-629-3286
4/18/08

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