


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

<b>DOCUMENT #</b> L06000064768	
1. Entity Name PACIFIC TITLE & ABSTRACT, LLC	

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 Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

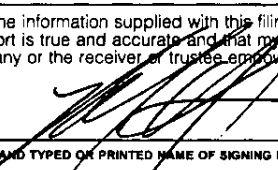
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000911203  
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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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  
Date: 4/18/08      Daytime Phone #

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