

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # M05000003763

1. Entity Name

**CITIZENS ABSTRACT & TITLE AGENCY COMPANY,
L.L.C.**



Principal Place of Business

**9975 TAMiami TRAIL NORTH, STE. 2
NAPLES, FL 34108**

Mailing Address

**9975 TAMiami TRAIL NORTH, STE. 2
NAPLES, FL 34108**



02032006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3078697

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DRAPER, STEPHEN R
9975 TAMiami TRAIL NORTH, STE. 2
NAPLES, FL 34108**

**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

Stephen R Draper
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-3-06

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DRAPER, STEPHEN R
STREET ADDRESS	9975 TAMiami TRAIL NORTH, STE. 2
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	MGRM
NAME	MURPHY, CHAD
STREET ADDRESS	9975 TAMiami TRAIL NORTH, STE. 2
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	MGRM
NAME	TANSKY, JONATHAN
STREET ADDRESS	9975 TAMiami TRAIL NORTH, STE. 2
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
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:

Stephen R Draper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-3-06 2395964910