


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90140 011 ****50.00

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		
2. Principal Place of Business - No P.O. Box # 1004 COLLIER CENTER WAY		3. Mailing Address 1004 COLLIER STR WAY			
Suite, Apt. #, etc. 106		Suite, Apt. #, etc. 106		02062007 Chg-LLC CR2E083 (12/06)	
City & State NAPLES FL		City & State NAPLES FL		4. FEI Number 20-3078697	
Zip 34110		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1004 COLLIER CENTER WAY, STE 106 City NAPLES FL Zip Code 34110		
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 <u><i>Stephen R. Draper</i></u> <u><i>Stephen R. Draper</i></u> <u>3-15-07</u> <small>Signature, type or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DRAPER, STEPHEN R 9975 TAMiami TRAIL NORTH, STE. 2 NAPLES, FL 34108	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1004 COLLIER CENTER WAY STE 106 NAPLES FL 34110
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MURPHY, CHAD 9975 TAMiami TRAIL NORTH, STE. 2 NAPLES, FL 34108	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1004 COLLIER CENTER WAY STE 106 NAPLES FL 34110
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TANSKY, JONATHAN 9975 TAMiami TRAIL NORTH, STE. 2 NAPLES, FL 34108	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1004 COLLIER CENTER WAY STE 106 NAPLES FL 34110
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		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"/> Delete	<input type="checkbox"/> Delete		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"/> Delete	<input type="checkbox"/> Delete		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: <u><i>Stephen R. Draper</i></u> <u><i>Stephen R. Draper</i></u> <u>3-15-07</u> <u>2395964910</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		