

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 JUL 10 AM 8:52

DOCUMENT # A0000000715					
1. Entity Name LEADING EDGE TITLE PARTNERS OF CENTRAL FLORIDA, LTD.					
Principal Place of Business 1315 TUSKAWILLA ROAD WINTER SPRINGS, FL 32708		Mailing Address 1315 TUSKAWILLA ROAD WINTER SPRINGS, FL 32708			
2. Principal Place of Business		3. Mailing Address P.O. Box 1689			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Winter Park, FL		4. FEI Number 59-3628058	
Zip		Zip 32790		Country USA	
Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LEADING EDGE TITLE PARTNERS OF WINTER SPRINGS, LLC 1315 TUSKAWILLA ROAD WINTER SPRINGS, FL 32707			7. Name and Address of New Registered Agent Name Leading Edge Title Partners LLC Street Address (P.O. Box Number is Not Acceptable) 960 S. ORLANDO AVENUE City Winter Park FL Zip Code 32789		
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 7-6-06	
<p>FILE NOW!!! FEE IS \$500.00 Due by September 6, 2006</p>				<p>In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.</p>	
<p>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</p>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	L04000015751		STREET ADDRESS		
NAME	LEADING EDGE TITLE PARTNERS, LLC		CITY-ST-ZIP		
STREET ADDRESS	960 S. ORLANDO AVENUE				
CITY-ST-ZIP	WINTER PARK, FL 32789				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
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CITY-ST-ZIP					
14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: 				DATE 7-6-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Daytime Phone # 407-644-2777	

STAPLE CHECK HERE