2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED
Jan 18, 2007 08:00 AM
Secretary of State

Daytime Phone #

| DOCLIN | MENT | . # ∀ 0000 | 000007 | 15 |
|--------|------|-------------------|--------|----|
| | | | | |

1. Enlity Name

LEADING EDGE TITLE PARTNERS OF CENTRAL FLORIDA, LTD.



Principal Place of Business

SIGNATURE: .

1315 TUSKAWILLA ROAD WINTER SPRINGS, FL 32708 Mailing Address

PO BOX 1689

WINTER PARK, FL 32790



DO NOT WRITE IN THIS SPACE

01112007 No Chg-LP CR2E003 (12/06)

4. FEI Number Applied For S9-3628058 Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEADING EDGE TITLE PARTNERS LLC 960 S ORLANOD AVENUE WINTER SPRINGS, FL 32789

DO NOT WRITE IN THIS SPACE

| | named entity submits this statement for the purpose of changing its regions of registered agent. | istered office or registered agent, or both, in the State of Florida. I am familiar with, and accept | | |
|---|--|--|--|--|
| SIGNATURE - | | | | |
| | Signature, typed or printed name of registered agent and title if applicable | DATE | | |
| FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00 | | | | |
| 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. | | | | |
| 12. | GENERAL PARTNER INFORMATION | | | |
| DOCUMENT# | L04000015751 | | | |
| NAME | LEADING EDGE TITLE PARTNERS, LLC | | | |
| STREET ADDRESS | 960 S. ORLANDO AVENUE | | | |
| CITY - ST - ZIP | WINTER PARK, FL 32789 | U00000590833 | | |
| DOCUMENT# | | 01/18/07-30071-013 500.00 | | |
| NAME. | | and the contract of the contra | | |
| STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | | |
| DOCUMENT / | | | | |
| NAME | | | | |
| STREET ADDRESS | | DO NOT WRITE | | |
| C1TY-51-21P | | | | |
| DOCUMENT# | | IN THIS SPACE | | |
| NAME | | | | |
| STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | | |
| DOCUMENT # | | | | |
| NAME | | | | |
| STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | | |
| DOCUMENT # | | | | |
| NAME | | | | |
| STREET ADDRESS | | | | |
| CITY+ST-ZIP | | | | |
| 14. I hereby of indicated or the rec- | certify that the information supplied with this filing does not qualify for to on this report is true and accurate and that my signature shall have the eiver or trustee empowered to execute this report as required by Chapt | ne exemptions contained in Chapter 119, Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am a General Partner of the limited partnership or 620, Florida Statutes | | |