


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED

08 FEB -8 PM 3:40

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 PO BOX 1689 WINTER PARK, FL 32790
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01092008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3628058	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LEADING EDGE TITLE PARTNERS LLC 960 S ORLANOD AVENUE WINTER SPRINGS, FL 32789		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

I, 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
<small>Signature, typed or printed name of registered agent and title if applicable</small>	

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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		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	300112149538
NAME		CITY-ST-ZIP	02/15/08--01036--027 **500.00
STREET ADDRESS			
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STREET ADDRESS			
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/30/08 Date Daytime Phone #

STAPLE CHECK HERE