

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

526.25
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 MAY 11 AM 11:11

WL
 07/12/04

DOCUMENT # A01000000107

1. Entity Name
ALL AMERICAN TITLE AFFILIATES, LLLP



Principal Place of Business

**772 W. LUMSDEN RD
 BRANDON, FL 33511**

Mailing Address

**772 W. LUMSDEN RD
 BRANDON, FL 33511**

2. Principal Place of Business

679 W. Lumsden Rd ← Same

3. Mailing Address

Suite, Apt. #, etc.

City & State

Brandon, FL

City & State

← Same

Zip

33511

Country

USA

Zip

33511

Country

USA

03302004

Chg-LP

CR2E003 (10/03)

4. FEI Number

59-3692587

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LUTHER, SUSAN
 772 W. LUMSDEN RD
 BRANDON, FL 33511**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

679 W. Lumsden Rd

City

Brandon

FL

Zip Code

33511

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

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

DATE

9. Capital Contributions
 as Shown on record.

\$30,000.00

10. Amount of Capital Contributions
 in FLORIDA to date.

44000.00

**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 # **P95000010284**
 NAME **ALL AMERICAN TITLE INSURANCE, INC.**
 STREET ADDRESS **772 W. LUMSDEN RD**
 CITY-ST-ZIP **BRANDON, FL 33511**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

679 W. Lumsden Rd

CITY-ST-ZIP

Brandon, FL 33511

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**600036067996
 05/11/04--01039--022 **396.75**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

**All American Title
 Susan A. Luther, PRES**

Date

3-31-04

Daytime Phone #

813

684-3330

STAPLE CHECK HERE