2004 LIMITED PARTNERSHIP ANNUA[...]PORT
Due By May 1, 2004

FILED
04 JAN 14 AM 10:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A98000002326

1. Entity Name
AFFILIATED TITLE OF MARION COUNTY, LTD.

Principal Place of Business	Mailing Address
101 S.W. 3RD STREET OCALA, FL 34474	101 S.W. 3RD STREET OCALA, FL 34474

01092004 Chg-LP CR2E003 (10/03) 1/14

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3536313 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLANAGAN, GREGORY S 230 N.E. 25TH AVENUE, STE. 200 OCALA, FL 34470	Name: Flanagan, Gregory S. Street Address (P.O. Box Number is Not Acceptable): 2701 SE Maricamp Road, Suite 104 MJM City: Ocala FL Zip Code: 34471

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

9. Capital Contributions as Shown on record.	$100,000.00	10. Amount of Capital Contributions in FLORIDA to date.	

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 # NAME STREET ADDRESS CITY-ST-ZIP	P98000023182 AFFILIATED TITLE OF MARION COUNTY, INC. 101 S.W. 3RD STREET OCALA, FL 34474	STREET ADDRESS CITY-ST-ZIP	500028852785 02/02/04--01082--003 **526.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

STAPLE CHECK HERE

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: John W. C[...] Pres of Affiliated Title of Marion County, Inc 1/9/04 352-622118[...]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #