


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

437830  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 MAR -5 AM 10:49

DOCUMENT # A00000000730 1. Entity Name REALTY TITLE SERVICES OF SANIBEL, LTD.	
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Principal Place of Business 2340 PERIWINKLE WAY, SUITE I-2 SANIBEL, FL 33957	Mailing Address 2340 PERIWINKLE WAY, SUITE I-2 SANIBEL, FL 33957
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2. Principal Place of Business 2323 Wooster Lane Suite, Apt. #, etc. Suite 1 City & State Zip	3. Mailing Address 2323 Wooster Lane Suite, Apt. #, etc. Suite 1 City & State Zip
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02112004 Chg-LP CR2E003 (10/03)

4. FEI Number- 65-1002705	Applied For 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 DELLUTRI, WILHELMINA 12620 WORLD PLAZA LANE, SUITE 3 FORT MYERS, FL 33907	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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9. Capital Contributions as Shown on record. \$50,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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**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	P97000013265 PINNACLE TITLE COMPANY 12620 WORLD PLAZA LANE, SUITE 3 FORT MYERS, FL 33907	STREET ADDRESS CITY-ST-ZIP	300030966633 03/24/04--01018--007 **437.50
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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: <i>Deborah H Smith</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date 3-3-04	Daytime Phone # 239-277-5677
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\* Deborah H Smith