

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 11 PM 1:58

DOCUMENT # A00000000730

1. Entity Name
 REALTY TITLE SERVICES OF SANIBEL, LTD.



Principal Place of Business
 2133 PERIWINKLE WAY
 SANIBEL, FL 33957

Mailing Address
 14440 METROPOLIS AVENUE
 SUITE 103
 FT MYERS, FL 33912



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03032008 Chg-LP CR2E003 (12/06)

City & State

City & State

4. FEI Number

65-1002705

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DELLUTRI, WILHELMINA
 8695 COLLEGE PKWY
 SUITE 260
 FORT MYERS, FL 33919

Name

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

14440 Metropolis Ave

Suite 103

City Fort Myers

FL

Zip Code 33912

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

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 # P97000013265
 NAME PINNACLE TITLE COMPANY
 STREET ADDRESS 14440 METROPOLIS AVENUE STE 103
 CITY-ST-ZIP FORT MYERS, FL 33912

STREET ADDRESS

CITY-ST-ZIP

600122558366
 04/08/08--01023--019 **500.00

DOCUMENT #
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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:

Rebecca Snow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/1/08

Date

239-277-5677

Daytime Phone #

STAPLE CHECK HERE