

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A00000000474	
1. Entity Name FRIENDS AND NEIGHBORS TITLE SERVICES, LLLP	



FILED

2005 APR -7 PM 3:09

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business 170 EAST BLOOMINGDALE AVE. BRANDON, FL 33511	Mailing Address 170 EAST BLOOMINGDALE AVE. BRANDON, FL 33511
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02012005 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3631917

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent LEIMAN, CHERYL A 170 EAST BLOOMINGDALE AVE. BRANDON, FL 33511	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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. \$30,375.00

10. Amount of Capital Contributions in FLORIDA to date. 351025.00

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 #	P98000087949	STREET ADDRESS	
NAME	SOUTHEAST TITLE AFFILIATES, INC.	CITY-ST-ZIP	
STREET ADDRESS	170 EAST BLOOMINGDALE AVE.		
CITY-ST-ZIP	BRANDON, FL 33511		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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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: Cheeryl Leiman Gen Partner 3/7/05 8136818438
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE