2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A00000000474

1. Entity Name

FRIENDS AND NEIGHBORS TITLE SERVICES, LLLP



FILED Apr 30, 2007 08:00 AM Secretary of State

Principal Place of Business

170 EAST BLOOMINGDALE AVE. BRANDON, FL 33511

Mailing Address

170 EAST BLOOMINGDALE AVE. BRANDON, FL 33511



DO NOT WRITE IN THIS SPACE

01102007 No Chg-LP

CR2E003 (12/06)

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

DO NOT WRITE IN THIS SPACE

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	. 1 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, 2007, 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.

	NOTE: General Partners MAY NOT be changed on the			
	12.	GENERAL PARTNER INFORMATION		
1	DOCUMENT #	P98000087949		
	NAME	SOUTHEAST TITLE AFFILIATES, INC.		
1	STREET ADDRESS	170 EAST BLOOMINGDALE AVE.		
	CITY-ST-ZIP	BRANDON, FL 33511		
	DOCUMENT#			
	NAME			
	STREET ADDRESS			
_	CITY-ST-ZIP			
	DOCUMENT#			
	NAME			
	STREET ADDRESS			
	C11V- C1-7ID			

000000746707 05/16/07-80080-006 500.00

DO NOT WRITE IN THIS SPACE

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 ampowered to execute this report as required by Chapter 620. Florida Statutes

SIGNATURE:

DOCUMENT # NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT # NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT # NAME
STREET ADDRESS
CITY-ST-ZIP
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/27/07

8136818428

Daytime Phone #