

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 FEB -2 AM 11:15

DOCUMENT # A00000000476 1. Entity Name REALTY TITLE SERVICES OF FORT MYERS, LTD.					
Principal Place of Business 12620 WORLD PLAZA LANE, SUITE 3 FT. MYERS, FL 33907				Mailing Address 12620 WORLD PLAZA LANE, SUITE 3 FT. MYERS, FL 33907	
2. Principal Place of Business <i>8695 College Pkwy</i> Suite, Apt. #, etc. <i>Suite 310</i>		3. Mailing Address <i>8695 College Pkwy</i> Suite, Apt. #, etc. <i>Ste 260</i>			
City & State <i>Ft Myers FL</i>		City & State <i>Ft Myers FL</i>		4. FEI Number 65-1002709	
Zip <i>33919</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DELLUTRI, WILHELMINA 12620 WORLD PLAZA LANE BLDG 60., STE. #3 FT. MYERS, FL 33907				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>8695 College Pkwy Ste 260</i> City <i>Ft Myers</i> <i>FL</i> Zip Code <i>33919</i>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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		STREET ADDRESS	<i>8695 College Parkway Ste 260</i>	
NAME	PINNACLE TITLE COMPANY		CITY-ST-ZIP	<i>Ft Myers FL 33919</i>	
STREET ADDRESS	12620 WORLD PLAZA LANE, SUITE 3				
CITY-ST-ZIP	FT. MYERS, FL 33907				
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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: <i>Albert S. [Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			1-24-6 239-277-5677 <small>Date Daytime Phone #</small>		

STAPLE CHECK HERE