

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

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

DOCUMENT # A00000000730 1. Entity Name REALTY TITLE SERVICES OF SANIBEL, LTD.					
Principal Place of Business 2323 WOOSTER LANE STE 1 SANIBEL, FL 33957			Mailing Address 2323 WOOSTER LANE STE 1 SANIBEL, FL 33957		
2. Principal Place of Business 2133 Periwinkle Way		3. Mailing Address 8695 College Pkwy			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. STE 260			
City & State Sanibel FL		City & State Fort Myers FL		4. FEI Number 65-1002705	
Zip 33957		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
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) 8695 College Pkwy Ste 260 City Fort Myers FL Zip Code 33919		
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.					
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	8695 College Parkway Ste 260	
NAME	PINNACLE TITLE COMPANY		CITY-ST-ZIP	Fort Myers, FL 33919	
STREET ADDRESS	12620 WORLD PLAZA LANE, SUITE 3				
CITY-ST-ZIP	FORT 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>Abdul Snow</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			1-24-6 239-277-5677 Date Daytime Phone #		

STAPLE CHECK HERE