


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 FEB -7 AM 10:15

DOCUMENT # A00000000730 1. Entity Name REALTY TITLE SERVICES OF SANIBEL, LTD.	
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Principal Place of Business 2133 PERIWINKLE WAY SANIBEL, FL 33957	Mailing Address 8695 COLLEGE PKWY SUITE 260 FT MYERS, FL 33919
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address 14440 Metropolis Ave Suite 103 City & State Zip 33912 Country USA
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01112007 Chg-LP CR2E003 (12/06)

4. FEI Number 65-1002705	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DELLUTRI, WILHELMINA 8695 COLLEGE PKWY SUITE 260 FORT MYERS, FL 33919	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 14440 Metropolis Ave Ste 103 City FL Zip Code 33912
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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, 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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000013265	STREET ADDRESS	14440 Metropolis Ave Ste 103
NAME	PINNACLE TITLE COMPANY	CITY-ST-ZIP	33912
STREET ADDRESS	8695 COLLEGE PARKWAY SUITE 260	STREET ADDRESS	100087873001
CITY-ST-ZIP	FORT MYERS, FL 33919	CITY-ST-ZIP	02/03/07--01045--009 **500.00
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CITY-ST-ZIP		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: Albert Snow 2/2/07 239-277-5677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE