2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0015092 AT

DOCUMENT # A00000000730

1. Entity Name
REALTY TITLE SERVICES OF SANIBEL, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 FEB -5 PM 12:11

Principal Place of Business
2340 PERIWINKLE WAY, SUITE I-2
SANIBEL FL 33957

Mailing Address
2340 PERIWINKLE WAY, SUITE I-2
SANIBEL FL 33957

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

4. FEI Number 65-1002705 — Applied For / Not Applicable

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)

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. $50,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 # / NAME / STREET ADDRESS / CITY-ST-ZIP	P97000013265 PINNACLE TITLE COMPANY 12620 WORLD PLAZA LANE, SUITE 3 FORT MYERS FL 33907	STREET ADDRESS / CITY-ST-ZIP	9000011797059 02/05/03--01007--012 **438.75
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STAPLE CHECK HERE

CR2E003 (10/02)

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: [signature] 1/29/03 239-277-5677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #