

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A00000001915**

**1. Entity Name**  
**BRANDON TITLE SERVICES, LLLP**



**Principal Place of Business**  
**170 EAST BLOOMINGDALE AVE.**  
**BRANDON, FL 33511**

**Mailing Address**  
**170 EAST BLOOMINGDALE AVE.**  
**BRANDON, FL 33511**



01102007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**59-3685825**

**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. I 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.**

**12. GENERAL PARTNER INFORMATION**

**DOCUMENT #** P98000087949  
**NAME** SOUTHEAST TITLE AFFILIATES, INC.  
**STREET ADDRESS** 170 EAST BLOOMINGDALE AVE.  
**CITY-ST-ZIP** BRANDON, FL 33511

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U000000633184  
02/21/07-80050-026 500.00

**DO NOT WRITE**  
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**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:**

*[Signature]* Cheryl Leiman Gen Partner 2/13/07 813 6818458

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE