

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JAN 13 AM 9:57

DOCUMENT # A01000001011

1. Entity Name  
PROFESSIONAL TITLE, LTD.



Principal Place of Business  
400 CANAL STREET  
NEW SMYRNA BEACH, FL 32168

Mailing Address  
400 CANAL STREET  
NEW SMYRNA BEACH, FL 32168

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102005

Chg-LP

CR2E003 (10/03)

4. FEI Number  
59-3737605

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SOUTH, J. TODD  
2699 LEE ROAD, SUITE 120  
WINTER PARK, FL 32789

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record. \$24,800.00

10. Amount of Capital Contributions  
in FLORIDA to date.

24,800

1-10-05

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 # P01000047557  
NAME PRO TITLE MANAGEMENT, INC.  
STREET ADDRESS 400 CANAL STREET  
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

100045619231  
01/31/05--01005--023 \*\*284.75

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: *PRO TITLE MANAGEMENT, INC.*  
*DR. Reid B. M.S. on Pres.*

10 JAN 05

386/424-9994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE