


FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # A01000001011				FILED Feb 01, 2007 08:00 AM Secretary of State	
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-3737605	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		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 _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable					
FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.					
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 #	P01000047557	STREET ADDRESS	000000616663		
NAME	PRO TITLE MANAGEMENT, INC.	CITY- ST- ZIP	02/07/07-80037-012 500.00		
STREET ADDRESS	400 CANAL STREET				
CITY- ST- ZIP	NEW SMYRNA BEACH FL 32168				
DOCUMENT #		STREET ADDRESS			
NAME		CITY- ST- ZIP			
STREET ADDRESS					
CITY- ST- ZIP					
DOCUMENT #		STREET ADDRESS			
NAME		CITY- ST- ZIP			
STREET ADDRESS					
CITY- ST- ZIP					
DOCUMENT #		STREET ADDRESS			
NAME		CITY- ST- ZIP			
STREET ADDRESS					
CITY- ST- ZIP					
DOCUMENT #		STREET ADDRESS			
NAME		CITY- ST- ZIP			
STREET ADDRESS					
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>Reid B. Hughes, Jr.</i> 1/30/07 386 424-9994					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					