

2009

LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2008**

FILED

2009 JUN -3 AM 10:28

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



04022008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1563513

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOWERS, JR. CHARLES D.
 1301 RIVERPLACE BLVD., STE. 1500
 JACKSONVILLE, FL 32207

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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, 2008, 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 #	
NAME	TOWERS, JR. CHARLES D.
STREET ADDRESS	4579 ORTEGA BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL 32210
DOCUMENT #	
NAME	TOWERS, JEAN B.
STREET ADDRESS	4275 BALTIC STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32210
DOCUMENT #	178092
NAME	FLORIDA TITLE & PARTNERS, INC. <i>Delete</i>
STREET ADDRESS	6215 WILSON BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL 32210
DOCUMENT #	
NAME	<i>Florida Title Group, Inc. Add</i>
STREET ADDRESS	<i>6215 Wilson Blvd</i>
CITY-ST-ZIP	<i>Jacksonville, FL 32210</i>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

700155532287
 05/06/09--01021--028 **500.00

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IN THIS SPACE

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE