

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 MAR 24 AM 8:56

DOCUMENT # A04000000930 1. Entity Name PREMIER TITLE PARTNERS OF OCALA II, LTD.			
Principal Place of Business 2300 SOUTH PINE AVE. SUITE A OCALA, FL 34471		Mailing Address 2300 SOUTH PINE AVE. SUITE A OCALA, FL 34471	
2. Principal Place of Business 1910 SW 18 Court Suite, Apt. #, etc. Bldg 200 City & State Ocala FL Zip 34474 Country USA		3. Mailing Address 1910 SW 18 Court Suite, Apt. #, etc. Bldg 200 City & State Ocala FL Zip 34474 Country USA	
4. FEI Number 20-0819435		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEICHMAN, NANCY J 2300 SOUTH PINE AVE. SUITE A OCALA, FL 34471		7. Name and Address of New Registered Agent Name <u>Nancy J Deichman</u> Street Address (P.O. Box Number is Not Acceptable) <u>1910 SW 18 Court Bldg 100</u> City <u>Ocala</u> <u>FL</u> Zip Code <u>34474</u>	
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 <u>[Signature]</u> DATE _____ <small>Signature, typed or printed name of registered agent and type if applicable.</small>			
9. Capital Contributions as Shown on record. \$34,500.00		10. Amount of Capital Contributions in FLORIDA to date. \$32,750 \$31,975	
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 #	P04000027550	STREET ADDRESS	1910 SW 18 Court Bldg 100
NAME	PREMIER TITLE OF OCALA II, INC.	CITY-ST-ZIP	Ocala, FL 34474
STREET ADDRESS	2300 SOUTH PINE AVE.		
CITY-ST-ZIP	OCALA, FL 34471		
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STREET ADDRESS			
CITY-ST-ZIP			
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: <u>[Signature]</u> DATE _____ Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			

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