2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED **DOCUMENT # A0400001894** PREMIER TITLE OF CENTRAL FLORIDA, LLLP 2007 APR 23 AM 11: 02 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 7232 SAND LAKE ROAD 7232 SAND LAKE ROAD SUITE 103 SUITE 103 ORLANDO, FL 32819 ORLANDO, FL 32819 Suite, Apt. #, etc. 04092007 Chg-LP CR2E003 (12/06) 4. FEI Number Applied For 20-1825556 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agen 7. Name and Address of New Registered Agent Name PANTALEON, I. ED. ESQ. Street Address (P.O. Box Number is Not Acceptable) 7232 SAND LAKE ROAD, SUITE 103 ORLANDO, FL 32819 City Zip Code FL 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or jam editione of registered against and after applicable 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT# L03000041154 STREET ADDRESS NAME VP TITLE & TRUST, LLC 7232 SAND LAKE ROAD, SUITE 103 STREET ADDRESS 500101622745 05/04/07-01055-013-**500.00 CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32819 DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-2IP HH CITY-ST-ZIP DOCUMENT / STREET ADDRESS CHECK NAME STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP DUCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-ST-ZiP CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Further certify that the information indicated on this report is flue 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. SICHATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER a SIGNATURE: