


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008

DOCUMENT # A05000001967		
1. Entity Name MORTGAGE TITLE PARTNERS GROUP, LLLP		

Principal Place of Business 5979 NW 151 STREET 223 MIAMI LAKES, FL 33014	Mailing Address 5979 NW 151 STREET 223 MIAMI LAKES, FL 33014
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2. Principal Place of Business - No P.O. Box # 6025 Miami Lakes Drive Suite, Apt. #, etc. # 217 City & State Miami Lakes, Florida Zip 33014 Country Miami-Dade	3. Mailing Address 6025 Miami Lakes Drive Suite, Apt. #, etc. # 217 City & State Miami Lakes, Florida Zip 33014 Country Miami-Dade
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6. Name and Address of Current Registered Agent RODRIGUEZ, MARLEN 6175 NW 153 STREET 100 MIAMI LAKES, FL 33014	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 registrars agent and title if applicable

FILE NOW!!! FEE IS \$500.00
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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 # NAME STREET ADDRESS CITY-ST-ZIP	P02000043465 MLC MANAGEMENT, INC. 1666 WEST 74TH STREET HIALEAH, FL 33014	STREET ADDRESS CITY-ST-ZIP	100134670541 08/20/08--01032--001 **500.00
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STAPLE CHECK HERE

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:  8/13/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

FILED

08 AUG 26 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08132008 Chg-LP CR2E003 (12/06)

4. FEI Number 20-3716999	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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