


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

**FILED
Jan 11, 2008 08:00 AM
Secretary of State**

DOCUMENT # A06000001325 1. Entity Name SOUTHWEST COMMUNITY TITLE, LLLP	
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Principal Place of Business 428 DEL PRADO BLVD. SUITE 106 CAPE CORAL, FL 33909	Mailing Address 428 DEL PRADO BLVD. SUITE 106 CAPE CORAL, FL 33909
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DO NOT WRITE IN THIS SPACE



01092008 No Chg-LP CR2E003 (12/06)

4. FEI Number 20-5898443	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

DELANEY, CATHERINE
13141 MCGREGOR BLVD. SUITE 8
FT. MYERS, FL 33919

**DO NOT WRITE
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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 #	P97000001207
NAME	PROGRESSIVE TITLE, INC.
STREET ADDRESS	13141 MCGREGOR BLVD. SUITE 8
CITY-ST-ZIP	CAPE CORAL, FL 33919
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000781355
01/15/08-80031-008 508.75

**DO NOT WRITE
IN THIS SPACE**

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 create this report as required by Chapter 620, Florida Statutes

SIGNATURE:  DATE: 1-9-2008 DAYTIME PHONE: 239 243-8918