

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 11 AM 10:01

DOCUMENT # A96000000198

1. Entity Name
 TOWN SQUARE TITLE, LTD.



Principal Place of Business
 749 NORTH GARLAND AVE.
 STE. 101
 ORLANDO, FL 32801

Mailing Address
 749 NORTH GARLAND AVE.
 STE. 101
 ORLANDO, FL 32801



2. Principal Place of Business - No P.O. Box #
 250 East Colonial Drive

3. Mailing Address
 250 East Colonial Drive

Suite, Apt. #, etc.
 Suite 301

Suite, Apt. #, etc.
 Suite 301

City & State
 Orlando, Florida

City & State
 Orlando, Florida

Zip
 32801

Country
 USA

Zip
 32801

Country
 USA

01172008 Chg-LP CR2E003 (12/06)

4. FEI Number
 59-3356378

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KEATING, JOHN KINGMAN
 749 NORTH GARLAND AVE.
 STE. 101
 ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name
 John Kingman Keating

Street Address (P.O. Box Number is Not Acceptable)

250 East Colonial Drive, Suite 300

City
 Orlando

FL

Zip Code
 32801

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 John Kingman Keating

Signature, typed or printed name of registered agent and title if applicable.

DATE

MAR 31 2008

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 # P95000067979
 NAME TOWN SQUARE TITLE COMPANY
 STREET ADDRESS 749 NORTH GARLAND AVE., STE. 101
 CITY-ST-ZIP ORLANDO, FL 32801

13. ADDRESS CHANGES ONLY

STREET ADDRESS 250 East Colonial Drive, Suite 300
 CITY-ST-ZIP Orlando, Florida 32801

DOCUMENT #
 NAME
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DOCUMENT #
 NAME
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 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

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: John Kingman Keating

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

MAR 31 2008

Date

407-425-2907

Daytime Phone #

STAPLE CHECK HERE