

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**DOCUMENT # A96000000513**

1. Entity Name  
**HERITAGE TITLE INSURANCE, LTD.**



Principal Place of Business  
**9400 GLADIOLUS DRIVE, #270**  
**FT. MYERS, FL 33908**

Mailing Address  
**9400 GLADIOLUS DRIVE, #270**  
**FT. MYERS, FL 33908**

2. Principal Place of Business

3. Mailing Address

**9001 DANIELS PARKWAY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 200**

City & State

City & State

**FORT MYERS, FL**

Zip

Country

Zip

**33912**

Country

02232004

Chg-LP

CR2E003 (10/03)

4. FEI Number  
**59-3367932**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**MITCHELL, STEPHEN J**  
**201 N. FRANKLIN ST., STE. 2100**  
**TAMPA, FL 33602**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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

DATE

9. Capital Contributions  
 as Shown on record: **\$13,981.00**

10. Amount of Capital Contributions  
 in FLORIDA to date:

**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 # **L01000005429**  
 NAME **HTI, LLC**  
 STREET ADDRESS **9400 GLADIOLUS DRIVE, SUITE 270**  
 CITY-ST-ZIP **FORT MYERS, FL 33908**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **9001 DANIELS PARKWAY SUITE 200**  
 CITY-ST-ZIP **FORT MYERS, FL 33912**

DOCUMENT #  
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**DAVIDICK, JAMES**

**3/22/04**

**239-481-5040**

**FILED**

**04 APR 20 PM 3:55**

**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



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