

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

05 APR 19 PM 1:43

DOCUMENT # A96000000513

1. Entity Name
HERITAGE TITLE INSURANCE, LTD.



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Mailing Address
9001 DANIELS PARKWAY STE.200
FORT MYERS, FL 33912



2. Principal Place of Business
9001 DANIELS PARKWAY

3. Mailing Address

Suite, Apt. #, etc.
SUITE # 201

Suite, Apt. #, etc.

04052005 Chg-LP CR2E003 (10/03)

City & State
FORT MYERS, FL

City & State

4. FEI Number
59-3367932

Applied For
Not Applicable

Zip
33912

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

4,380.00

AS OF 12/31/04

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 # L01000005429
NAME HTI, LLC
STREET ADDRESS 9100 DANIELS PARKWAY STE. 200
CITY-ST-ZIP FORT MYERS, FL 33912

STREET ADDRESS
CITY-ST-ZIP
300054020423
05/06/05--01068--030 **141.25

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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:

DAVID KULZNER

4/8/05

239.481.5040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE