


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 25 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A96000000513		
1. Entity Name HERITAGE TITLE INSURANCE, LTD.		

Principal Place of Business 9001 DANIELS PARKWAY STE 201 FT. MYERS, FL 33912	Mailing Address 9001 DANIELS PARKWAY STE.200 FORT MYERS, FL 33912
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2. Principal Place of Business - No P.O. Box # 9001 DANIELS PARKWAY		3. Mailing Address	
Suite, Apt. #, etc. 200		Suite, Apt. #, etc.	
City & State FORT MYERS FL		City & State	
Zip 33912	Country	Zip	Country



04102007 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3367932	Applied For Not Applicable
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L01000005429 HTI, LLC 9100 DANIELS PARKWAY STE. 200 FORT MYERS, FL 33912	STREET ADDRESS CITY-ST-ZIP	
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05/02/07--01049--013 **500.00

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: DAVE KULZNER 4/16/07 239.481.5040-201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #