

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A96000000513

**FILED**  
**Feb 27, 2009**  
**Secretary of State**

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

**Current Principal Place of Business:**

9001 DANIELS PARKWAY  
SUITE 200  
FT. MYERS, FL 33912

**New Principal Place of Business:**

**Current Mailing Address:**

9001 DANIELS PARKWAY STE.200  
FORT MYERS, FL 33912

**New Mailing Address:**

**FEI Number:** 59-3367932

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: L01000005429  
Name: HTI, LLC  
Address: 9100 DANIELS PARKWAY STE. 200  
City-St-Zip: FORT MYERS, FL 33912

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 KNIZNER

\_\_\_\_\_  
Electronic Signature of Signing General Partner

02/27/2009

\_\_\_\_\_  
Date