

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC 31 PH 3: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership	1a. DOCUMENT # A97000001907
REAL ESTATE TITLE, LIMITED LLP	

Mailing Address 687 BEVILLE ROAD, SUITE A SOUTH DAYTONA FL 32119	Principal Office Address 1414 W. GRANADA BLVD., SUITE 1 ORMOND BEACH FL 32174	3. Date Formed or Registered 09/03/1997	5a. Capital Contributions as Shown on record. \$20,000.00
2. Mailing Address	2a. Principal Office Address 1265 West Granada Blvd.	3a. Date of Last Report 04/08/1998	5b. Amount of Capital Contributions in FLORIDA to date: \$ 10,000.00
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 1	4. State or Country of Formation FL	6. FEI Number 59-3465269
City & State	City & State Ormond Beach, FL	7. Certificate of Status Desired <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	8. Make check payable to: Dept. of State (See reverse side for fee information)
Zip Country	Zip Country 32174 USA		

9. Name and Address of Current Registered Agent PYLE, MICHAEL A 687 BEVILLE ROAD, SUITE A SOUTH DAYTONA FL 32119	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City
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-01/21/99-01092-008
******158. FL ****158.75**

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) PYLE, MICHAEL A	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 687 BEVILLE ROAD, SUI	11b. City, State & Zip Code SOUTH DAYTONA FL 3211	11c. Registration/ Document Number
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Michael A. Pyle

Michael A. Pyle

DATE

12/28/98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

904-615-8833

CR2E003 (8/98)