

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001907**

1. Entity Name
REAL ESTATE TITLE, LIMITED LLP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL -7 AM 9:25



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1265 W. GRANADA BLVD., STE. 1
ORMOND BEACH FL 32174

Mailing Address
~~687 BEVILLE ROAD, SUITE A~~
SOUTH DAYTONA FL 32119-1351

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
1265 W. Granada Blvd
Suite 1

City & State
Ormond Beach

4. FEI Number **59-3465269**

Applied For
 Not Applicable

Zip Country
32174 USA

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

PYLE, MICHAEL A
~~687 BEVILLE ROAD, SUITE A~~
SOUTH DAYTONA FL 32119

Name
~~Street Address (P.O. Box Number is Not Acceptable)~~
1265 W. Granada Blvd
Suite 1
City Ormond Beach FL Zip Code 32174

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.

SIGNATURE DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$20,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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

PYLE, MICHAEL A
687 BEVILLE ROAD, SUITE A
SOUTH DAYTONA FL 32119

STREET ADDRESS
CITY - ST - ZIP

1265 W. Granada Blvd. Suite 1
Ormond Beach, FL 32174

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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 REQUIRED** DATE: 4/24/00 DAYTIME PHONE #: 904 615-9007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER