

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

02 APR 25 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00059883 AT



DOCUMENT # A97000001907

1. Entity Name
REAL ESTATE TITLE, LIMITED LLP

Principal Place of Business 1265 W. GRANADA BLVD., STE. 1 ORMOND BEACH FL 32174	Mailing Address 1265 W. GRANADA BLVD., STE. 1 ORMOND BEACH FL 32174
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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DUE BY MAY 1, 2002

4. FEI Number **59-3465269**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PYLE, MICHAEL A
1265 W. GRANADA BLVD., STE. 1
ORMOND BEACH FL 32174**

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	PYLE, MICHAEL A 1265 W. GRANADA BLVD., STE. 1 ORMOND BEACH FL 32174
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	200005450252--9 -05/03/02--01060--030 ****228.75 ****228.75
STREET ADDRESS CITY-ST-ZIP	
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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: *Michael A. Pyle* **4/20/02** **386-615-9007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)