

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A97000002432

**FILED**  
**Mar 23, 2010**  
**Secretary of State**

**Entity Name:** ALL AMERICAN LAND TITLE INSURANCE AGENCY, LTD.

**Current Principal Place of Business:**

2226 E SILVER SPRINGS BLVD.  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

2226 E SILVER SPRINGS BLVD.  
OCALA, FL 34471

**New Mailing Address:**

**FEI Number:** 59-3476970

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARRON, ROBERT D  
2226 E. SILVER SPRINGS BLVD.  
OCALA, FL 34470 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 #: P03000124103  
Name: REAL ESTATE & TITLE SERVICES MANAGEMENT IN  
Address: 2226 E. SILVER SPRINGS BLVD.  
City-St-Zip: Ocala, FL 34470

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby 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: ROBERT D BARRON

CEO

03/23/2010

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

\_\_\_\_\_  
Date