

2007 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2007

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 23 AM 9:20

DOCUMENT # A97000002505

1. Entity Name
UNIVERSAL LAND TITLE OF THE PALM BEACHES, LTD.



Principal Place of Business
1555 PALM BEACH LAKE BLVD.
SUITE 500
WEST PALM BEACH, FL 33401

Mailing Address
1555 PALM BEACH LAKE BLVD.
SUITE 500
WEST PALM BEACH, FL 33401

2. Principal Place of Business - No P.O. Box #
1555 Palm Beach Lakes Blvd.
Suite, Apt. #, etc.
Suite 416

3. Mailing Address
1555 Palm Beach Lakes Blvd.
Suite, Apt. #, etc.
Suite 416

City & State
West Palm Beach, FL

City & State
West Palm Beach, FL

Zip
33401

Country
USA

Zip
33401

Country
USA

01052007 Chg-LP CR2E003 (12/06)

4. FEI Number
65-0796917

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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 # H93554
NAME UNIVERSAL LAND TITLE, INC.
STREET ADDRESS 1555 PALM BEACH LAKES BLVD., SUITE 500
CITY-ST-ZIP WEST PALM BEACH, FL 33401

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

900086232349
01/25/07--01040--023 **500.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Glass* Michael Glass, President of
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER General Partner

1-8-07

561-689-8200

Date

Daytime Phone #

STAPLE CHECK HERE