

2007 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A97000002891

FILED
Jan 23, 2007
Secretary of State

Entity Name: OCALA LAND TITLE INSURANCE AGENCY, LTD

Current Principal Place of Business:

503 EAST SILVER SPRINGS BOULEVARD
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

503 EAST SILVER SPRINGS BOULEVARD
OCALA, FL 34470

New Mailing Address:

FEI Number: 65-0801790

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACKAY, KENNETH H
2334 SE FORT KING STREET
OCALA, FL 34471 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 #: P97000095640
Name: MARION COUNTY TITLE SERVICES, INC.
Address: 2334 SE FORT KING STREET
City-St-Zip: OCALA, FL 34471

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: KENNETH MACKAY

GP

01/23/2007

Electronic Signature of Signing General Partner

_____ Date