

# 2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A97000002891

**FILED**  
**Mar 19, 2009**  
**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 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 H MACKAY III

P

03/19/2009

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

\_\_\_\_\_  
Date