

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 JUL 10 AM 8:52

DOCUMENT # A98000001452

1. Entity Name
 LEADING EDGE TITLE PARTNERS OF ORLANDO, LTD.



Principal Place of Business
 960 SOUTH ORLANDO AVENUE
 WINTER PARK, FL 32789

Mailing Address
 960 SOUTH ORLANDO AVENUE
 WINTER PARK, FL 32789

2. Principal Place of Business

3. Mailing Address

PO Box 1689

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WINTER PARK, FL

Zip

Country

Zip

32790

Country

USA

07052006 Chg-LP CR2E003 (11/05)

4. FEI Number

69-3510567 59-3510567

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEADING EDGE TITLE PARTNERS OF WINTER
 PARK, LLC
 960 SOUTH ORLANDO AVENUE
 WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name

LEADING EDGE TITLE PARTNERS LLC

Street Address (P.O. Box Number is Not Acceptable)

960 S. ORLANDO AV

City

WINTER PARK

FL

Zip Code

32789

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

7-6-06

DATE

FILE NOW!!! FEE IS \$500.00
Due by September 6, 2006

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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

13. ADDRESS CHANGES ONLY

DOCUMENT # L04000015751
 NAME LEADING EDGE TITLE PARTNERS, LLC
 STREET ADDRESS 960 SOUTH ORLANDO AVENUE
 CITY-ST-ZIP WINTER PARK, FL 32789

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7-6-06

Date

407-644-2777

Daytime Phone #

STAPLE CHECK HERE