

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Jan 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A98000002326**

1. Entity Name  
**AFFILIATED TITLE OF MARION COUNTY, LTD.**



Principal Place of Business  
**101 S.W. 3RD STREET  
OCALA, FL 34474**

Mailing Address  
**101 S.W. 3RD STREET  
OCALA, FL 34474**



01092006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3536313**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**FLANAGAN, GREGORY S  
2701 SE MARICAMP ROAD, SUITE 104  
OCALA, FL 34471**

**DO NOT WRITE  
IN THIS SPACE**

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, 2006, 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 # **P98000023182**  
NAME **AFFILIATED TITLE OF MARION COUNTY, INC.**  
STREET ADDRESS **101 S.W. 3RD STREET**  
CITY-ST-ZIP **OCALA, FL 34474**

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1100000386341  
01/18/06-80057-002 500.00

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

STAPLE CHECK HERE