


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 15, 2004 8:00 A.M.
Secretary of State

DOCUMENT # A99000000964	
1. Entity Name TITLE GROUP OF FORT MYERS, LTD.	



02112004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0926920	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Principal Place of Business 7910 SUMMERLIN LAKES DRIVE FORT MYERS, FL 33907	Mailing Address 12620 WORLD PLAZA LANE, SUITE 3 BUILDING 60 FORT MYERS, FL 33907
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent

SMITH, DEBORAH
12620 WORLD PLAZA LANE
SUITE 3, BLDG. 60
FORT MYERS, FL 33907

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

9. Capital Contributions as Shown on record. \$50,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	P97000013265	STREET ADDRESS	
NAME	PINNACLE TITLE COMPANY	CITY-ST-ZIP	300031755253 04/02/04--01071--008 **437.50
STREET ADDRESS	12620 WORLD PLAZA LANE, BLDG. #60, STE. 3	STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS, FL 33907	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

3/10/239-277-5677
Date Daytime Phone #

Deborah H. Smith

STAPLE CHECK HERE