

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 FEB -2 AM 11:15

DOCUMENT # A99000000964 1. Entity Name TITLE GROUP OF FORT MYERS, LTD.					
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		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 8695 College Pkwy Ste 260		 01122006 Chg-LP CR2E003 (11/05)	
City & State FL MYERS FL		City & State FL MYERS FL			
Zip 33919		Zip 33919			
Country USA		Country USA			
4. FEI Number 65-0926920				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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) 8695 College Pkwy Ste 260 City FL MYERS FL Zip Code 33919		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P97000013265		STREET ADDRESS	8695 College Parkway Ste 260	
NAME	PINNACLE TITLE COMPANY		CITY-ST-ZIP	Fort Myers, FL 33919	
STREET ADDRESS	12620 WORLD PLAZA LANE, BLDG. #60, STE. 3		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS, FL 33907		CITY-ST-ZIP		
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CITY-ST-ZIP			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: <u>Deborah Smith</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			1-24-6 239-277-5677 <small>Date Daytime Phone #</small>		

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