

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 11 AM 11:32

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
 14440 METROPOLIS AVENUE
 SUITE 103
 FORT MYERS, FL 33912



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03032008 Chg-LP CR2E003 (12/06)

City & State

City & State

4. FEI Number
 65-0926920

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, DEBORAH
 1440 METROPOLIS AVENUE
 SUITE 103
 FORT MYERS, FL 33912

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

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

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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
 NAME PINNACLE TITLE COMPANY
 STREET ADDRESS 14440 METROPLIS AVENUE STE 103
 CITY-ST-ZIP FT. MYERS, FL 33912

STREET ADDRESS
 CITY-ST-ZIP

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200123022282
 04/11/08--01020--011 **500.00

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:

Deborah Snow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/18/08

Date

239-277-5677

Daytime Phone #

STAPLE CHECK HERE