

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
 04 FEB -4 AM 11:09  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



01232004 Chg-LP CR2E003 (10/03)

4. FEI Number  
 52-2201344  
 Applied For  
 Not Applicable

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

**DOCUMENT # A99000001722**  
 1. Entity Name  
 TITLE 2000, LTD.

Principal Place of Business  
 10655 SOUTH US 1  
 PORT ST LUCIE, FL 34952

Mailing Address  
 10655 SOUTH US 1  
 PORT ST LUCIE, FL 34952

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

6. Name and Address of Current Registered Agent  
 RYLEE, PAT  
 10655 SOUTH US 1  
 PORT ST LUCIE, FL 34952

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: \$25,000.00  
 10. Amount of Capital Contributions in FLORIDA to date.

**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 #                      | P03000049274            | STREET ADDRESS           |                             |
| NAME                            | RYLEE INVESTMENTS, INC. | CITY-ST-ZIP              |                             |
| STREET ADDRESS                  | 10655 SOUTH US 1        |                          |                             |
| CITY-ST-ZIP                     | PORT ST LUCIE, FL 34952 |                          |                             |
| DOCUMENT #                      |                         | STREET ADDRESS           | 600029111336                |
| NAME                            |                         | CITY-ST-ZIP              | 02/20/04 01020 023 **263.75 |
| STREET ADDRESS                  |                         |                          |                             |
| CITY-ST-ZIP                     |                         |                          |                             |
| DOCUMENT #                      |                         | STREET ADDRESS           |                             |
| NAME                            |                         | CITY-ST-ZIP              |                             |
| STREET ADDRESS                  |                         |                          |                             |
| CITY-ST-ZIP                     |                         |                          |                             |
| DOCUMENT #                      |                         | STREET ADDRESS           |                             |
| NAME                            |                         | CITY-ST-ZIP              |                             |
| STREET ADDRESS                  |                         |                          |                             |
| CITY-ST-ZIP                     |                         |                          |                             |
| DOCUMENT #                      |                         | STREET ADDRESS           |                             |
| NAME                            |                         | CITY-ST-ZIP              |                             |
| STREET ADDRESS                  |                         |                          |                             |
| 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:** by: Pat Rylee  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
 Pat Rylee, President  
 1-23-04  
 772-398-3332  
 Date Daytime Phone #

STAPLE CHECK HERE