

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A000000000008

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Entity Name:** STATE TITLE PARTNERS, LLP

**Current Principal Place of Business:**

300 W. FEE AVE.  
SUITE B  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**Current Mailing Address:**

300 W. FEE AVE.  
SUITE B  
MELBOURNE, FL 32901

**New Mailing Address:**

**FEI Number:** 59-3615234

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STALLARD, THOMAS M  
300 W. FEE AVE.  
MELBOURNE, FL 32901 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: 683919  
Name: STATE TITLE & GUARANTY CO., INC.  
Address: 300 W. FEE AVE.  
City-St-Zip: MELBOURNE, FL 32901

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS M STALLARD

GP

01/10/2011

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date