

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 MAY 11 PM 1:41

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A0000000385

1. Entity Name
 REALTY TITLE PROFESSIONALS, LTD., LLLP



Principal Place of Business
 2728 NORTH HARWOOD
 DALLAS, TX 75201

Mailing Address
 P.O. BOX 199000
 DALLAS, TX 75219-9000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04012004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number
 75-2865587

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

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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

9. Capital Contributions as Shown on record.

SM filed 31,500.00

10. Amount of Capital Contributions in FLORIDA to date.

\$31,500.00

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

DOCUMENT # G30524
 NAME METROPOLITAN TITLE & GUARANTY COMPANY
 STREET ADDRESS 2728 NORTH HARWOOD
 CITY-ST-ZIP DALLAS, TX 75201

DOCUMENT #
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13. ADDRESS CHANGES ONLY

STREET ADDRESS
 CITY-ST-ZIP
 800036068058
 05/11/04--01039--023 **309.25

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\$309.25-AR

STAPLE CHECK HERE

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]*

LYLE E. STEVENS

4/16/04

(214) 981-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #