


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

APPROVED  
AND  
FILED

04 APR -2 PM 4:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A00000000440</b>	
1. Entity Name <b>BRANNEN TITLE INSURANCE AGENCY, LTD.</b>	

Principal Place of Business <b>204 W MAIN ST INVERNESS FL 34450</b>	Mailing Address <b>204 WEST MAIN STREET INVERNESS FL 34450</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>2075 Centre Pointe Blvd.</b> Suite, Apt. #, etc.
City & State	City & State <b>Tallahassee FL</b>
Zip <b>32308</b>	Country



MOORE CR2E003 (11/03)

4. FEI Number <b>59-3625943</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent <b>LAJOIE, JOHN T ESQUIRE 2075 CENTRE POINTE BOULEVARD TALLAHASSEE FL 32308</b>		7. Name and Address of New Registered Agent Name <b>First American Affiliates, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2075 Centre Pointe Boulevard</b> City <b>Tallahassee</b> FL Zip Code <b>32308</b>
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 <i>Ryan Lantry as VP of FAA, Inc</i> DATE <b>3/25/04</b>		
9. Capital Contributions as Shown on record. <b>\$30,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**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 # <b>P97000039113</b>	NAME <b>FIRST AMERICAN AFFILIATES, INC.</b>	STREET ADDRESS	
STREET ADDRESS <b>2075 CENTRE POINTE BLVD.</b>	CITY-ST-ZIP <b>TALLAHASSEE FL 32308</b>	CITY-ST-ZIP	<b>400032839144</b> <b>04/15/04--01021--005 **298.50</b>
DOCUMENT #	NAME	STREET ADDRESS	
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DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	

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:

*Ryan Lantry as VP of FAA, Inc* **3/25/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #