

# **2006 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A00000000440

**FILED**  
**Apr 13, 2006**  
**Secretary of State**

**Entity Name:** BRANNEN TITLE INSURANCE AGENCY, LTD.

**Current Principal Place of Business:**

204 W MAIN ST  
INVERNESS, FL 34450

**New Principal Place of Business:**

**Current Mailing Address:**

2075 CENTRE POINTE BLVD  
TALLAHASSEE, FL 32308

**New Mailing Address:**

140 FOUNTAIN PARKWAY  
SUITE 210  
ST. PETERSBURG, FL 33716

**FEI Number:** 59-3625943

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FIRST AMERICAN AFFILIATES, INC.  
2075 CENTRE POINTE BOULEVARD  
TALLAHASSEE, FL 32308 US

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

FIRST AMERICAN AFFILIATES, INC.  
140 FOUNTAIN PARKWAY  
SUITE 210  
ST. PETERSBURG, FL 33716 US

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:

04/13/2006

Electronic Signature of Registered Agent

Date

**GENERAL PARTNER INFORMATION:**

Document #: P97000039113  
Name: FIRST AMERICAN AFFILIATES, INC.  
Address: 2075 CENTRE POINTE BLVD.  
City-St-Zip: TALLAHASSEE, FL 32308

**ADDRESS CHANGES ONLY:**

Address: 140 FOUNTAIN PARKWAY, SUITE 210  
City-St-Zip: ST. PETERSBURG, FL 33716

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: MICHAEL LAROSA

VP

04/13/2006

Electronic Signature of Signing General Partner

Date