


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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 APR -7 AM 10:45

<b>DOCUMENT # A00000000713</b> 1. Entity Name <b>SECURITY FIRST TITLE PARTNERS OF THE SPACE COAST, LTD.</b>	
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Principal Place of Business <b>277 CROCKETT BLVD.                  MERRITT ISLAND, FL 32953</b>	Mailing Address <b>7360 BRYAN DAIRY ROAD, SUITE 200                  LARGO, FL 33777</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02122004 Chg-LP CR2E003 (10/03)

4. FEI Number <b>59-3628064</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  <b>SECURITY FIRST TITLE AFFILIATES, INC.                  7360 BRYAN DAIRY ROAD, SUITE 200                  LARGO, FL 33777</b>	<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____
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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. <b>\$50,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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**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 #	P95000040857	STREET ADDRESS	7360 Bryan Dairy Rd., Ste. 200
NAME	SECURITY FIRST TITLE AFFILIATES, INC.	CITY-ST-ZIP	Largo, FL 33777
STREET ADDRESS	1715 NORTH WESTSHORE BLVD., SUITE 990	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33607	CITY-ST-ZIP	200032964962
DOCUMENT #			04/16/04--01046--010 **447.50
NAME		STREET ADDRESS	
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CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	

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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** *[Signature]* **Date** *3/25/04* **Daytime Phone #**

STAPLE CHECK HERE