


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

**FILED**  
05 APR 27 PM 5:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A00000000713					
1. Entity Name SECURITY FIRST TITLE PARTNERS OF THE SPACE COAST, LTD.					
Principal Place of Business 277 CROCKETT BLVD. MERRITT ISLAND, FL 32953			Mailing Address 7360 BRYAN DAIRY ROAD, SUITE 200 LARGO, FL 33777		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3628064	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SECURITY FIRST TITLE AFFILIATES, INC. 7360 BRYAN DAIRY ROAD, SUITE 200 LARGO, FL 33777				7. Name and Address of New Registered Agent	
				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$50,000.00			10. Amount of Capital Contributions in FLORIDA to date. 438.75		
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		
NAME	SECURITY FIRST TITLE AFFILIATES, INC.		CITY-ST-ZIP		
STREET ADDRESS	7360 BRYAN DAIRY RD, STE. 200				
CITY-ST-ZIP	LARGO, FL 33777				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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CITY-ST-ZIP					
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: <u>Michael LaRosa, VP of Gen. Part.</u>			4/21/05 727-549-3300		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE