


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 AM 8:51

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # A00000001502	
1. Entity Name PARTNERS/SCH TITLE, LTD.	

Principal Place of Business 1502 WEST FLETCHER AVE., STE 101 TAMPA, FL 33612	Mailing Address 1502 WEST FLETCHER AVE., STE 101 TAMPA, FL 33612
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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

02012006 Chg-LP CR2E003 (11/05)

4. FEI Number 59-3676834	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

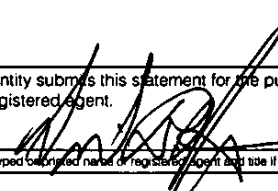
6. Name and Address of Current Registered Agent

**FARR, JAMES G
1502 WEST FLETCHER AVE., STE 101
TAMPA, FL 33612**

7. Name and Address of New Registered Agent

Name **David B. Housefield**
 Street Address (P.O. Box Number is Not Acceptable) **1502 W. Fletcher Av**
 Suite **101**
 City **Tampa** **FL** Zip Code **33612**

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.

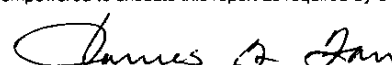
SIGNATURE  DATE **5/1/06**

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P97000101846 PARTNERS TITLE SERVICES CORPORATION 1502 WEST FLETCHER AVE., STE 101 TAMPA, FL	STREET ADDRESS	
		CITY - ST - ZIP	
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		CITY - ST - ZIP	
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		CITY - ST - ZIP	05/22/06--01007--005 **500.00
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
		CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **2/3/06** **813-962-0548**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE