

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

**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| <b>DOCUMENT # A00000001915</b><br>1. Entity Name<br><b>BRANDON TITLE SERVICES, LLLP</b>  |  |   |   |  |  |
| Principal Place of Business<br><b>170 EAST BLOOMINGDALE AVE.<br/>         BRANDON, FL 33511</b>  |  |   | Mailing Address<br><b>170 EAST BLOOMINGDALE AVE.<br/>         BRANDON, FL 33511</b>   |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc   |  |   | 3. Mailing Address<br>Suite, Apt. #, etc  |  |  |
| City & State   |  |   | City & State  |  |  |
| Zip  |  | Country   |   | Zip  |  |
| Country  |  | Country   |   | 4. FEI Number<br><b>59-3685825</b>                     |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |  |   |   | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 6. Name and Address of Current Registered Agent<br><br><b>LEIMAN, CHERYL A<br/>         170 EAST BLOOMINGDALE AVE.<br/>         BRANDON, FL 33511</b>  |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____<br><small>Signature: typed or printed name of registered agent and title if applicable.</small>   |  |   |   |  |  |
| 9. Capital Contributions as Shown on record. <b>\$5,000.00</b>   |  | 10. Amount of Capital Contributions in FLORIDA to date. |   | <b>\$ 141.25</b>                                       |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>  |  |   |   |  |  |
| 12. GENERAL PARTNER INFORMATION  |  |   |   | 13. ADDRESS CHANGES ONLY                               |  |
| DOCUMENT # <b>98-87999</b><br>NAME <b>SOUTHEAST TITLE AFFILIATES, INC.</b><br>STREET ADDRESS <b>170 EAST BLOOMINGDALE AVE.</b><br>CITY-ST-ZIP <b>BRANDON, FL 33511</b>   |  |   |   | STREET ADDRESS<br>CITY-ST-ZIP                          |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |   |   | STREET ADDRESS<br>CITY-ST-ZIP                          |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |   |   | STREET ADDRESS<br>CITY-ST-ZIP                          |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |   |   | STREET ADDRESS<br>CITY-ST-ZIP                          |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |   |   | STREET ADDRESS<br>CITY-ST-ZIP                          |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |   |   | STREET ADDRESS<br>CITY-ST-ZIP                          |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |   |   | STREET ADDRESS<br>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. |  |   |   |  |  |
| <b>SIGNATURE:</b> <b>Cheryl A. Leiman</b>  |  |   |   | <b>2/3/04</b> <b>813681848</b>                         |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>  |  |   |   | <small>Date Daytime Phone #</small>                    |  |

STAPLE CHECK HERE



01082004 Chg-LP CR2E003 (10/03)

**U00000070832**  
**02/23/04-80034-014 141.25**