


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

**FILED**  
**Mar 04, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A01000000182</b> 1. Entity Name <b>PARTNERS/CORNERSTONE TITLE, LTD.</b>					
Principal Place of Business <b>1502 W FLETCHER AVE          SUITE 101          TAMPA, FL 33612</b>			Mailing Address <b>1502 W FLETCHER AVE          SUITE 101          TAMPA, FL 33612</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3704041</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>FARR, JAMES G          1502 W FLETCHER AVE          SUITE 101          TAMPA, FL 33612</b>				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. <b>\$1,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>1,000</b>		11. <b>\$141.25</b>	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <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 #	P97000101846		STREET ADDRESS		
NAME	PARTNERS TITLE SERVICES CORPORATION ✓		CITY-ST-ZIP		
STREET ADDRESS	1502 W FLETCHER AVE SUITE 101		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33612		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(f), 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: <i>James G. Farr</i> James G. Farr, Pres. 2-27-04</b>			<b>813-962-0548</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE

