


**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006**

FILED

06 MAY -1 AM 8:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A01000000182 1. Entity Name PARTNERS/CORNERSTONE TITLE, LTD.	
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Principal Place of Business 1502 W FLETCHER AVE SUITE 101 TAMPA, FL 33612	Mailing Address 1502 W FLETCHER AVE SUITE 101 TAMPA, FL 33612
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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02012006 Chg-LP CR2E003 (11/05)

4. FEI Number 59-3704041	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**FARR, JAMES G
1502 W FLETCHER AVE
SUITE 101
TAMPA, FL 33612**

7. Name and Address of New Registered Agent

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

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 *[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	
DOCUMENT #	P97000101846
NAME	PARTNERS TITLE SERVICES CORPORATION
STREET ADDRESS	1502 W FLETCHER AVE SUITE 101
CITY-ST-ZIP	TAMPA, FL 33612
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	900075013819
CITY-ST-ZIP	05/22/06--01008--029 **500.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: *James G Farr* DATE *2/03/06* DAYTIME PHONE # *813-962-0548*

STAPLE CHECK HERE