

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 FEB 24 AM 9:24

DOCUMENT # A01000000270

1. Entity Name
 UNIVERSAL LAND TITLE OF SOUTH FLORIDA, LTD.



Principal Place of Business
 1555 PALM BEACH LAKES BLVD., SUITE 1000
 WEST PALM BEACH, FL 33401

Mailing Address
 1555 PALM BEACH LAKES BLVD., SUITE 1000
 WEST PALM BEACH, FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072004 Chg-LP CR2E003 (10/03)

4. FEI Number
 65-1079806

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 C/O CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION, FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
 as Shown on record. \$19,800.00

10. Amount of Capital Contributions
 in FLORIDA to date.

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 # L01000021623
 NAME UNIVERSAL LAND TITLE INVESTMENT #1, L.L.C.
 STREET ADDRESS 1555 PALM BEACH LAKES BLVD., SUITE 1000
 CITY-ST-ZIP WEST PALM BEACH, FL 33401

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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: *Michael A. Manog*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/20/04 (561) 689-8200
 Date Daytime Phone #

STAPLE CHECK HERE