


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED

04 JUL 30 PM 2:07

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A0100000382
 1. Entity Name
 QUALITY TITLE OF FLORIDA LIMITED, L.L.P.



Principal Place of Business
 3816 MURRELL ROAD
 ROCKLEDGE, FL 32955


Mailing Address
 1270 NORTH WICKHAM ROAD, #7
 MELBOURNE, FL 32935

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



06182004 Chg-LP CR2E003 (10/03)

4. FEI Number
 APPLIED FOR

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

6. Name and Address of Current Registered Agent

TURNER, KIMBERLY
 1270 N. WICKHAM RD. #8
 MELBOURNE, FL 32935

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

9. Capital Contributions as Shown on record: \$742.50

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 #	TURNER, KIMBERLY	STREET ADDRESS	
NAME	1270 NORTH WICKHAM ROAD, #7	CITY-ST-ZIP	900039400709
STREET ADDRESS	MELBOURNE, FL 32935		05/13/04--01075--002 **25.00
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	900039400709
STREET ADDRESS			07/22/04--01004--012 **116.25
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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

SIGNATURE: Kimberly Turner Date: 7/26/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER