## 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 8, 2004

1. Emply Amena OUALITY TITLE OF FLORIDA LIMITED, L.L.P.  ON JUL 3:0 PEI 2: 07  SECTION OF STATE FALLAMASSEE, FLORIDA  1270 MORTH WOOMAN ROAD, #7  MELBOURNE, FL 32935  APPLIED FOR PRINCIPAL ROAD, #7  MELBOURNE, FL 32935  APPLIED FOR PRINCIPAL ROAD, #7  MELBOURNE, FL 32935  APPLIED FOR PRINCIPAL ROAD, #7  TURNER, KIMBERLY 1270 N. WINCHAM RO. #8  B. The Johns haved and you asserted his statement for the purpose of changing is registered agent, or both, in the State of Fords. Lam familiar with, and accompany to the purpose of changing is registered agent, or both, in the State of Fords. Lam familiar with, and accompany to the purpose of changing is registered agent, or both, in the State of Fords. Lam familiar with, and accompany to the purpose of changing is registered dispersed.  B. The Johns haved analy susmits his statement for the purpose of changing is registered dispersed.  SCHALTER  Bothom, Jose or the remark displaced agent.  SCHALTER  Bothom haved analy susmits his statement for the purpose of changing is registered dispersed. or both, in the State of Fords. Lam familiar with, and accompany to the purpose of changing is registered dispersed.  SCHALTER  Bothom haved analy susmits his statement for the purpose of changing is registered differed or registered agent, or both, in the State of Fords. Lam familiar with, and accompany to the purpose of changing is registered company.  SCHALTER  Bothom haved analy susmits his statement for the purpose of changing is registered differed or registered agent, or both, in the State of Fords. Lam familiar with, and accompany to the purpose of changing is registered.  SCHALTER  Bothom haved agent, or both, in the State of Fords. Lam familiar with, and accompany to the purpose of changing is registered.  SCHALTER  Bothom haved agent, or both, in the State of Fords. Lam familiar with, and accompany to the purpose of changing is registered.  SCHAL	DOCU I. Entity Nam	MENT## A0100	0000382				nt. III r	an bu s	)· 07
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6. Name and Address of Current Registered Agent  TURNER, KIMBERLY 1270 N. WICKHAM. RD. #8  WELBOURNE, FL 132935  City FL Zip Code  3. 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 acc the obligations of registered agent.  SIGNATURE  Registered agent.  9. Capital Contributions as Shown on record.  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  DIRECT ADDRESS  1171-51-2P  MELBOURNE, FL 32935  CITY-51-2P  DIRECT ADDRESS  CITY-51-2P  DIRECT ADDRESS  CITY-51-2P  STREET	Zip	Country	Zip	Coun	try	5. Certificate	of Status Desired		8.75 Additional
TURNER, KIMBERLY 1270 N, WICKHAMA RD, 188  MELBOURNE, FL 32935  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. Tem femilier with, and accidence of registered agent.  SIGNATURE    Qualitative typed or bringer name of registered agent and Walf embladia.   DATE   Qualitative typed or bringer name of registered agent and Walf embladia.   DATE   Qualitative typed or bringer name of registered agent and Walf embladia.   DATE   Qualitative typed or bringer name of registered agent and Walf embladia.   DATE   Qualitative typed or bringer name of registered agent and Walf embladia.   DATE   Qualitative typed or bringer name of registered agent and Walf embladia.   DATE   Qualitative typed or bringer name of registered agent. or both, in the State of Florida. Tem femilier with, and accidence of registered agent, or both, in the State of Florida. Tem femilier with, and accidence of registered agent, or both, in the State of Florida. Tem femilier with, and accidence of registered agent, or both, in the State of Florida. Tem femilier with, and accidence of registered agent, or both, in the State of Florida. Tem femilier with, and accidence of Florida.		6. Name and Address of	Current Registered Age	ent		7. Name and	Address of New		
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