2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SECRETARY OF STATE INTERIOR PROCESS AM 10: 06 Process Place of Businese 2211 LER ROAD ISSS PALLS BEACH LAKES BLVD., SUITE 1000 SITE 2100 SUITE 21				ALE S	7		~		
2211 LER ROAD	DOCUMENT # A0100000659 1. Entity Name MFS TITLE OF FLORIDA, LTD.					SECRETARY OF STATE DIVISION OF CORPORATIONS 05 FEB 25 AM IO: 0.5			
SUITE 210C WINTER PAIR, EL 3/189 2. Principal Pace of Business Suite, Apr. #, etc. Suite,	Principal Plac	e of Business	Mailing Address			_	A HILLIO: D	6	
Suite, Apt. #. etc.	2211 LEE ROAD 1555 PALM BI SUITE 210C WEST PALM BI			LM BEACH LAKES BLVD., SUITE 1000		!E! 31016 00111 00141 00111	9840 8840 8848 9481 B		
City & State City &	Principal Place of Business 3. f		3. Mailing Address	Mailing Address					
Zip	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-LP	CR2E003 (10/	03)	
Singer Address of Current Registered Agent T. Name and Address of New Registered Agent Therefore Agents Therefore Address (P.O. Box Number is Not Acceptable) Therefore Address (P.O.				·		65-1102069 Not Applicable			
Name Street Address (P.O. Box Number is Not Acceptable)	Zip			_Country			Fee Rec		
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12. GREET ADDRESS CHANGES OUT - STAP ORGANS TO - STREET ADDRESS CHANGES OUT - STAP ORGANS OUT - STAP O	C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD.								
S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. The purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. The purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. The purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. The purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. The purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the purpose of changed on the form, an amendment must be fled to change a general partner. 12.				Chock Cardoo (1.5) Zon Managa O Horr Cardopado)					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE 9. Capital Contributions as Shown on record. \$108,900.00 10. Amount of Capital Contributions in FLORIDA to date. SIDO 900.00 A GENERAL PARTINER 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 PARTINER 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 PARTINER INFORMATION 13. ADDRESS CHANGES ONLY ODCOMENT IN MAKE UNIVERSAL LAND TITLE INVESTMENT #2 LLC STREET ADDRESS UNIVERSAL LAND TITLE INVESTMENT #2 LLC STREET ADDRESS OTH'S I-ZP OCCUMENT IN MAKE OTH'S I-ZP OTH'S I-	FLANIAII	ON, FL 33324		Cit.				0	
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		certify that the information supplied with	this filing does not qualify for th	e exemption stated in	Section 119 07(3)(i)	Florida Statutes 1	further certify that	he 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 Scooles 1.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/11/05 E

561.689.8200

Daytime Phone 4