


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 JAN 23 AM 9:20

DOCUMENT # A01000000659	
1. Entity Name MFS TITLE OF FLORIDA, LTD.	

Principal Place of Business 2211 LEE ROAD SUITE 210C WINTER PARK, FL 34789	Mailing Address 1555 PALM BEACH LAKES BLVD., SUITE 1000 WEST PALM BEACH, FL 33401
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2. Principal Place of Business - No P.O. Box # 1555 Palm Beach Lakes Blvd.	3. Mailing Address 1555 Palm Beach Lakes Blvd.
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Suite, Apt. #, etc. Suite 416	Suite, Apt. #, etc. Suite 416
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City & State West Palm Beach, FL	City & State West Palm Beach, FL
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Zip 33401	Country USA	Zip 33401	Country USA
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01052007 Chg-LP CR2E003 (12/06)

4. FEI Number 65-1102069	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 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
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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 _____ <small>Signature, typed or printed name of registered agent, and title if applicable.</small>	DATE _____
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FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L01000021625 UNIVERSAL LAND TITLE INVESTMENT #2 LLC 1555 PALM BEACH LAKES BLVD, SUITE 1000 WEST PALM BEACH, FL 33401	STREET ADDRESS CITY-ST-ZIP	
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700086231787
 01/25/07--01040--011 **\$500.00

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: <u>Michael Glass</u> Michael Glass, President of	1-8-07	561-689-8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date	Daytime Phone #

STAPLE CHECK HERE