


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004\***

**FILED**  
**Mar 04, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # A01000000732					
1. Entity Name PARTNERS/BSG TITLE, LTD.					
Principal Place of Business 1502 WEST FLETCHER AVENUE, SUITE 101 TAMPA, FL 33612			Mailing Address 1502 WEST FLETCHER AVENUE, SUITE 101 TAMPA, FL 33612		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3722459	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FARR, JAMES G 1502 WEST FLETCHER AVENUE, SUITE 101 TAMPA, FL 33612			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,000.00		10. Amount of Capital Contributions in FLORIDA to date. 1,000		11. \$141.25	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P97000101846		STREET ADDRESS		
NAME	PARTNERS TITLE SERVICES CORPORATION		CITY-ST-ZIP		
STREET ADDRESS	1502 WEST FLETCHER AVENUE, SUITE 101				
CITY-ST-ZIP	TAMPA, FL 33612				
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NAME			CITY-ST-ZIP		
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STREET ADDRESS					
CITY-ST-ZIP					
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: <u>James G. Farr, Pres</u>			Date: <u>2-27-04</u>		Daytime Phone #: <u>813-962-0548</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small>		<small>Daytime Phone #</small>



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