

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

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

Zip

Country

Zip

Country

02012006

Chg-LP

CR2E003 (11/05)

4. FEI Number
59-3722459

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

**\$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

David B. Housefield

Street Address (P.O. Box Number is Not Acceptable)

1502 W. Fletcher Av

Suite

Suite 101

City

Tampa

FL

Zip Code

33612

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

[Signature]
 Signature, typed or printed name of registered agent and title if applicable.

5/1/06
 DATE

**FILE NOW!!! FEE IS \$500.00
 After May 1, 2006, 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 # **P97000101846**
 NAME **PARTNERS TITLE SERVICES CORPORATION**
 STREET ADDRESS **1502 WEST FLETCHER AVENUE, SUITE 101**
 CITY-ST-ZIP **TAMPA, FL 33612**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**300075014113
 05/22/06--01011--017 **500.00**

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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 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:

James G. Farr
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/3/06
 Date

813-962-0548
 Daytime Phone #

STAPLE CHECK HERE



FILED

06 MAY -1 AM 8:50

**SECRETARY OF STATE
 TALLAHASSEE FLORIDA**