## **2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #	A010000	<b>ハクママク</b>
DOCUMENT#	AU LUUUU	UU 1 32

1. Entity Name PARTNERS/BSG TITLE, LTD.



Principal Place of Business 1502 WEST FLETCHER AVENUE. SUITE 101 TAMPA FL 33612

2. Principal Place of Business

Mailing Address 1502 WEST FLETCHER AVENUE. SUITE 101 **TAMPA FL 33612** 

3. Mailing Address

FILED

2003 MAR 21 PM 12: 07

DIVIJION OF CORPORATIONS TALLAHASSEE, FLORIDA



Sulle, Apt. #, etc.   Sulle, Apt. # etc.   PUBLISH MAY 1, 2003   Applied For I Not Applicable   Applied For I Not Appl												
Zip Country Zip Country 5. Certificate of Status Desired SARS Additional Fee Required Fee Required Fee Required Fee Required Status Desired Agent 7. Name and Address of New Registered Agent 7. Name And Address (P.C. Box Number is Not Acceptable)  Disputch Number 8. Name Address of New Registered Agent 7. Name And Address of New Registered Agent 7. Name And Address (P.C. Box Number 1. Name Address (P.C. Box Number 1	Suite, Apt. #, etc.		Suite, Apt. #, etc.				DUE BY MAY 1, 2003					
Zip Country Zip Country 5. Certificate of Status Desired SARS Additional Fee Required Fee Required Fee Required Fee Required Status Desired Agent 7. Name and Address of New Registered Agent 7. Name And Address (P.C. Box Number is Not Acceptable)  Disputch Number 8. Name Address of New Registered Agent 7. Name And Address of New Registered Agent 7. Name And Address (P.C. Box Number 1. Name Address (P.C. Box Number 1	City & State City & State		City & State	te		4. FEI Number	59-3722459					
S. Certificate of Statis Desired Source Services of Current Registered Agent  7. Name and Address of New Registered Agent  Name  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 agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State o	/-		Country	7in Countr		ntry			<b>60.7</b> 5			
FARR, JAME'S G 1502 WEST FLETCHER AVENUE, SUITE 101 TAMPA FL 33812  City FL	Διμ 🖫		Country	ΖΙΡ	0001	ili y						
FARR_ JAMES G  1502 WEST FLETCHER AVENUE, SUITE 101  TAMPA FL 33612  City FL  City F		6. Name	and Address of Current Re	gistered Agent	<u> </u>		7. Name and A	ddress of New Registered	Agent			
Since Address (P.O. Dox Number is Not Accordable)  TAMPA FL 33812  Since Address (P.O. Dox Number is Not Accordable)  City FL Zip Code  City FL Zip Code  City FL Zip Code  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 san familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, upod or orinted rearral originated agent.  SIGNATURE  9. Capital Contributions as \$1,000.00 10. Amount of Capital Contributions in FLORIDA to date. (2006) 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SA 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 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  PARTNERS TITLE SERVICES CORPORATION SIRRET ADDRESS CHANGES ONLY  STREET ADDRESS CHANGES CHANGES ONLY  STREET ADDRESS CHANGES CHANGES ONLY  STREET ADDRESS CHANGES CHA	FARD IA	MEG.G.	The same of the sa	· · ·		Name						
TAMPA FL 33812  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, bend or prover rown of registered agent.  9. Capital Contributions as Shown or record.  9. Capital Contributions and registered agent and text in the Shown of Capital Contributions in FLORIDA.  9. Capital Contributions as Shown or record.  9. Capital Contributions as Shown or record.  9. Capital Contributions as Shown or record.  9. Capital Contributions as Show	-		FR AVENUE, SUITE 101			Street Address (P.O. Box Number is Not Acceptable)						
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 \$1,000.00  10. Amount of Capital Contributions as \$1,000.00  11. Amount of Capital Contributions as \$1,000.00  12. AGENERAL 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 filled to change a general partner.  12. GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  PARTNERS TITLE SERVICES CORPORATION  5TREET ADDRESS  CITY-SI-ZIP  DOCUMENT I AMARE STILE SERVICES CORPORATION  5TREET ADDRESS  CITY-SI-ZIP  CITY-SI-ZIP												
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 \$1,000.00  10. Amount of Capital Contributions as \$1,000.00  11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE REPORT OF THE INFORMATION  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 filled to change a general partner.  12. GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  13. ADDRESS CHANGES ONLY  DOCUMENT / NAME  PARTNERS TITLE SERVICES CORPORATION  1502 WEST FLETCHER AVENUE, SUITE 101  TAMPA FL 38612  STREET ADDRESS  CITY-ST-ZP  DOCUMENT / NAME  STREET ADDRESS  CITY-ST-ZP	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•									
SIGNATURE  SIGNATURE  9. Capital Contributions   \$1,000.00   10. Amount of Capital Contributions   SIRECT ADDRESS    NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.  12. 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  SIRECT ADDRESS    CITY-SI-2P    DOCUMENT / ST-2P    DOCUMENT / SIRECT ADDRESS    CITY-SI-2P    DOCUMENT / SIRECT A						City		F	Zip	Code .		
SICHATURE  9. Capital Contributions spectrum, hybrid or primod name of regulative disposit and take it applicable  9. Capital Contributions spectrum on record.  \$1,000.00  10. Amount of Capital Contributions in FLORIDA to diate.  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 filled to change a general partner.  12. GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  DOCUMENT I NAME  STREET ADDRESS  CITY-ST-2P  DOCUMENT I NAME  STRE				e purpose of changing	its register	ed office or	registered agent, or both,	, in the State of Florida. I an	familiar	with, and accept		
Signature, hypotro from control registered appear and title angitications  9. Capital Contributions as Shown on record.  \$1,000.00  10. Amount of Capital Contributions in FLORIDA to date.  A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITHTHIS OFFICE.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  12. GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  DOCUMENT / NAME STREET ADDRESS  CITY-ST-2P  COLVEST FLETCHER AVENUE, SUITE 101  TAMPA FL 33612  STREET ADDRESS  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  COLVEST / 2P  COL	the obligat	ions of regist	tered agent.									
9. Capital Contributions as Shown or lecord.  \$1,000.00  10. Amount of Capital Contributions in FLORING to date.  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 filled to change a general partner.  12. GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  DOCUMENT / NAME STREET ADDRESS CITY-ST-2P  CITY-ST-2P  DOCUMENT / NAME STREET ADDRESS CITY-ST-2P  CITY-ST-2P  DOCUMENT / NAME STREET ADDRESS CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  DOCUMENT / NAME STREET ADDRESS CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  DOCUMENT / NAME STREET ADDRESS CITY-ST-2P  CITY-ST-2P  DOCUMENT / NAME STREET ADDRESS CITY-ST-2P  CITY-ST-2P  DOCUMENT / NAME STREET ADDRESS CITY-ST-2P  D	SIGNATURE											
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	-				apital Contri			DEPT. OF STATE				
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 I NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT I TAMPA FL 33612  DOCUMENT I NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT I STREET ADDRESS CITY-ST-ZIP  DOCUME		on record.		in FŁORIDA t	o date.	1		SEE REVERSE SIDE F	R FEE II			
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	•	A (	GENERAL PARTNER THA	AT IS A BUSINESS	ENTITY M	IUST BE R	EGISTERED AND AC	TIVE WITH THIS OFFIC	E.			
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT / STREET ADDRESS CITY-ST-ZIP	12.	NOIE										
NAME   STREET ADDRESS   CITY-ST-ZIP   CITY		PARTNERS TITLE SERVICES CORPORATION s 1502 WEST FLETCHER AVENUE, SUITE 101										
CITY-ST-ZP	NAME				SIR	EET AUURESS		<u> </u>				
DOCUMENT / NAME   STREET ADDRESS   CITY-ST-ZIP   CITY-ST					CITY	'-\$T-ZIP	500014450355					
NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP	DOCUMENT #	V V . V . Z . Z . Z			1		03/21/0301060004 **141.25					
CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP					STR	EET ADDRESS						
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP					CITY	'-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP												
STREET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP					STR	EET ADDRESS						
CITY-ST-ZIP  DOCUMENT I NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT I NAME STREET ADDRESS CITY-ST-ZIP				· · · · ·	- 0170	CT 710	·	•				
NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	CITY-ST-ZIP				CHT	-51-ZIP						
STREET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT # DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP					STR	EET AODRESS						
DOCUMENT # STREET ADDRESS CITY-ST-ZIP  DOCUMENT # STREET ADDRESS CITY-ST-ZIP  DOCUMENT # STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP												
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP				CITY	-ST-ZIP	s 1					
NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	DOCUMENT #				STB	EET ADDRESS						
CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP			•		5111	- 7.0071200						
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	DOCUMENT #				0.75%	ET ADDRESS						
CITY-ST-ZIP CITY-ST-ZIP	NAME				SIR	ET ADDRESS						
					CITY	-\$T-ZIP						
		ertify that the	e information supplied with thi	s filing does not qualify	for the exe	motion state	ed in Section 119 07(3)(i)	Florida Statutes I further or	rtify that	the information		

the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes