

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000000739

1. Entity Name
AFFILIATED TITLE OF TAMPA BAY, LLLP



Principal Place of Business
6213 MARBELLA BLVD.
APOLLO BEACH, FL 33572

Mailing Address
6213 MARBELLA BLVD.
APOLLO BEACH, FL 33572



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062004 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3685545

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

VANDERMAST, LEONARD III
6213 MARBELLA BLVD.
APOLLO BEACH, FL 33572

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

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

DATE

9. Capital Contributions as Shown on record. \$15,000.00

10. Amount of Capital Contributions in FLORIDA 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 filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P99000110103
NAME UNITED SETTLEMENT SERVICE AFFILIATES, INC.
STREET ADDRESS 6213 MARBELLA BLVD.
CITY-ST-ZIP APOLLO BEACH, FL 33572

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
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:

Leonard Vander Mast III LEONARD VANDERMAST III 1/07/04 813-645-4588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

D/S

Daytime Phone #

STAPLE CHECK HERE