

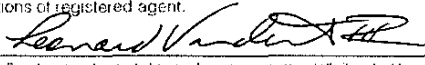
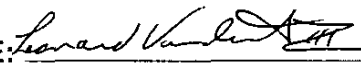


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 JAN 26 AM 10: 37

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 6544 US 41 North Suite, Apt. #, etc. Suite 208B City & State Apollo Beach, Florida		3. Mailing Address 6544 US 41 North Suite, Apt. #, etc. Suite 208B City & State Apollo Beach, Florida		 01142005 Chg-LP CR2E003 (10/03)	
Zip 33572		Country USA		4. FEI Number 59-3685545	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable \$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		 Leonard Vandermast, III Reg. Agent		DATE 1/24/05	
9. Capital Contributions as Shown on record. \$15,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$15,000			
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		STREET ADDRESS		
NAME	UNITED SETTLEMENT SERVICE AFFILIATES, INC.		CITY-ST-ZIP		
STREET ADDRESS	6213 MARBELLA BLVD.		CITY-ST-ZIP		
CITY-ST-ZIP	APOLLO BEACH, FL 33572		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS	500046010635	
NAME			CITY-ST-ZIP	02/04/05--01010--018 **193.75	
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			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 Vandermast, III Partner		DATE 1/24/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				(813) 649-1107	

STAPLE CHECK HERE