


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -7 PM 1:52

DOCUMENT # A01000000739		
1. Entity Name AFFILIATED TITLE OF TAMPA BAY, LLLP		

Principal Place of Business 6544 US 41 NORTH SUITE 100B APOLLO BEACH, FL 33572	Mailing Address 6544 US 41 NORTH SUITE 100B APOLLO BEACH, FL 33572
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04282008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3685545	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

000128734280
 05/07/08--01009--005 **500.00

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 # NAME STREET ADDRESS CITY-ST-ZIP	P99000110103 UNITED SETTLEMENT SERVICE AFFILIATES, INC. 6213 MARBELLA BLVD. APOLLO BEACH, FL 33572	STREET ADDRESS CITY-ST-ZIP	6544 U.S. Hwy 41 N 101B APOLLO Beach FL 33572
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/28/08

Date

813-649-1107

Daytime Phone #

STAPLE CHECK HERE