


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAY -7 PM 1:52

**DOCUMENT # A0100000739**

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**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04282008 Chg-LP CR2E003 (12/06)

City, & State  
 City & State

4. FEI Number  
**59-3685545**

Applied For  
 Not Applicable

Zip Country  
 Zip Country

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

**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 US Hwy 41 N 101B APOLLO Beach FL 33572
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STAPLE CHECK HERE

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:** Leonard Vandermaast **4/28/08** **813-649-1107**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #