


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
05 APR 27 PM 6:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000001016		
1. Entity Name STEWART ACQUIRE LAND TITLE, LLLP		

Principal Place of Business 155 CRYSTAL BEACH DRIVE, SUITE 131 DESTIN, FL 32541	Mailing Address PO BOX 5649 DESTIN, FL 32540
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2. Principal Place of Business 1182 N. Esplanade Pkwy	3. Mailing Address BK
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Shalimar FL	City & State
Zip 32579	Country USA



03042005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3716525	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 CASTLE, HARROLL 155 CRYSTAL BEACH DRIVE, SUITE 131 DESTIN, FL 32541	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$90,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$526.25
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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 #		STREET ADDRESS	
NAME	GARRISON, DONNA	CITY-ST-ZIP	
STREET ADDRESS	340 JAMAICA WAY		
CITY-ST-ZIP	NICEVILLE, FL 32578		
DOCUMENT #		STREET ADDRESS	
NAME		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: 	Date 4/21/05	Daytime Phone #
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STAPLE CHECK HERE