



# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 SEP -7 AM 8:52

DOCUMENT # A01000001154			
1. Entity Name PREMIER TITLE AFFILIATES, LLLP		7 AM 8:52	
Principal Place of Business 3402 WEST CYPRESS STREET SUITE 400 TAMPA, FL 33607		Mailing Address 3402 WEST CYPRESS STREET SUITE 400 TAMPA, FL 33607	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
08172005		Chg-LP CR2E003 (10/03)	
4. FEI Number 59-3738347		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HICKMAN, HAROLD 3401 W. CYPRESS ST., SUITE 202 TAMPA, FL 33607		7. Name and Address of New Registered Agent	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$4,990.00		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 #	P00000048461	STREET ADDRESS	
NAME	STEWART MANAGEMENT SERVICES, INC.	CITY - ST - ZIP	
STREET ADDRESS	3402 WEST CYPRESS STREET SUITE 400		
CITY - ST - ZIP	TAMPA, FL 33607		
DOCUMENT #		STREET ADDRESS	
NAME		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: 		8/17/05 813-414-0130 Date Daytime Phone #	

STAPLE CHECK HERE