

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**

**06 MAY -1 AM 8:50**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**



02012006 Chg-LP CR2E003 (11/05)

<b>DOCUMENT # A01000001293</b> 1. Entity Name <b>PARTNERS/GSD TITLE, LTD.</b>					
Principal Place of Business <b>1502 WEST FLETCHER AVENUE, SUITE 101 TAMPA, FL 33612</b>			Mailing Address <b>1502 WEST FLETCHER AVENUE, SUITE 101 TAMPA, FL 33612</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-3752547</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  <b>FARR, JAMES G 1502 WEST FLETCHER AVENUE, SUITE 101 TAMPA, FL 33612</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>David B. Housefield</b> Street Address (P.O. Box Number is Not Acceptable) <b>1502 W. Fletcher Av</b> Suite <b>101</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33612</b>		
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 <b>7/29/06</b>		
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	P97000101846		STREET ADDRESS		
NAME	PARTNERS TITLE SERVICES CORPORATION		CITY-ST-ZIP		
STREET ADDRESS	1502 WEST FLETCHER AVENUE, SUITE 101		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33612		CITY-ST-ZIP		
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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					
<b>SIGNATURE:</b>			Date <b>2/3/06</b> Daytime Phone # <b>813-962-0548</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE