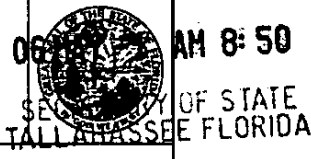


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

DOCUMENT # A03000000506

1. Entity Name
PARTNERS/SUAREZ TITLE, LTD.



Principal Place of Business: **1502 WEST FLETCHER AVENUE, SUITE 101 TAMPA, FL 33612**
 Mailing Address: **1502 WEST FLETCHER AVENUE, SUITE 101 TAMPA, FL 33612**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.



02012006 Chg-LP CR2E003 (11/05)

4. FEI Number: **54-2103778** Applied For: Not Applicable
 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	
FARR, JAMES G 1502 WEST FLETCHER AVENUE, SUITE 101 TAMPA, FL 33612		Name: David B. Housefield Street Address (P.O. Box Number is Not Acceptable): 1502 W. Fletcher Av Suite 101 City: Tampa FL Zip Code: 33612	

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]* DATE: **7/29/06**

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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 #	P97000101846	STREET ADDRESS	
NAME	PARTNERS TITLE SERVICES CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	1502 WEST FLETCHER AVENUE, SUITE 101		
CITY-ST-ZIP	TAMPA, FL 33612		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			000075014060
CITY-ST-ZIP			05/22/06--01011--013 **500.00
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: *James B. Farr* Date: **2/3/06** Daytime Phone #: **813-962-0548**

STAPLE CHECK HERE