

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



01042005 Chg-LP CR2E003 (10/03) **110**

DOCUMENT # A03000001242	
1. Entity Name NATIONAL INSURANCE OF AMERICA, LLLP	



Principal Place of Business 10225 ULMERTON RD., #7A LARGO, FL 33771	Mailing Address 10225 ULMERTON RD., #7A LARGO, FL 33771
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2. Principal Place of Business 12505 STARKEY RD Suite, Apt. #, etc. A	3. Mailing Address 12505 STARKEY RD Suite, Apt. #, etc. A
City & State LARGO, FL	City & State LARGO, FL
Zip 33773	Country
Zip 33773	Country

6. Name and Address of Current Registered Agent CHILDRESS, ROBERT E 8701 MERRIMORE BLVD. EAST LARGO, FL 33777		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8701 MERRIMORE BLVD E City LARGO FL Zip Code 33777	
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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 **ROBERT E. Childress 1/5/05**
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. \$50,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$1,250.00
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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 # NAME STREET ADDRESS CITY-ST-ZIP	L03000031568 SOVEREIGN GROUP, LLC 10225 ULMERTON RD., #7A LARGO, FL 33771	STREET ADDRESS CITY-ST-ZIP	12505 STARKEY RD, SUITE A LARGO, FL 33773
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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: **ROBERT E. Childress 1/5/05** 727-SBS-1174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE