

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)

DOCUMENT # A03000001254	
1. Entity Name PARTNERS/RYAN TITLE SERVICES, LTD.	



Principal Place of Business 1502 WEST FLETCHER AVENUE, STE. 101 TAMPA, FL 33612	Mailing Address 1502 WEST FLETCHER AVENUE, STE. 101 TAMPA, FL 33612
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-0209723	Applied For <input type="checkbox"/> 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
FARR, JAMES G 1502 WEST FLETCHER AVENUE, STE. 101 TAMPA, FL 33612

7. Name and Address of New Registered Agent
Name David B. Housefield
Street Address (P.O. Box Number is Not Acceptable) 1502 W. Fletcher Av
Suite, Apt. #, etc. Suite 101
City Tampa
State 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]* **3/27/06**

**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, STE. 101		
CITY - ST - ZIP	TAMPA, FL 33612		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY - ST - ZIP			

**500075013935
05/22/06--01011--004 **\$500.00**

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: *[Signature]* **2/3/06** **813-962-0548**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE HERE