


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A03000001255 1. Entity Name GUARDIAN NATIONAL TITLE, 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
---	---

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country

FILED
06 MAY -1 AM 8:50
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA



02012006 Chg-LP CR2E003 (11/05)

4. FEI Number 20-0209612	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 <u>David B. Housefield</u> Street Address (P.O. Box Number is Not Acceptable) <u>1502 W. Fletcher Av</u> <u>Suite 101</u> City <u>Tampa</u> <u>FL</u> Zip Code <u>33612</u>
--	---

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

Signature, typed or printed name of registered agent and title if applicable.

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 # <u>P97000101846</u> NAME <u>PARTNERS TITLE SERVICES CORPORATION</u> STREET ADDRESS <u>1502 WEST FLETCHER AVENUE, STE. 101</u> CITY-ST-ZIP <u>TAMPA, FL 33612</u>	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP

100075015531
~~05/22/06 01016 000 **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 CHECK HERE