


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 MAR -1 AM 9:26

DOCUMENT # A03000001335 1. Entity Name RESIDENTIAL PARTNERS TITLE, LTD.	
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Principal Place of Business 1502 WEST FLETCHER AVE. SUITE 101 TAMPA, FL 33612	Mailing Address 1502 WEST FLETCHER AVE. SUITE 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



02032004 Chg-LP CR2E003 (10/03)

4. FEI Number 20-0209764	Applied For 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 AVE. SUITE 101 TAMPA, FL 33612	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date. 1,000	11. \$141.25
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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 #	P97000101846	STREET ADDRESS	
NAME	PARTNERS TITLE SERVICES CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	1502 WEST FLETCHER AVE.		
CITY-ST-ZIP	TAMPA, FL 33612		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	700030233747
STREET ADDRESS			03/10/04--01049--015 **141.25
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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 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: James G. Farr, Pres. **2-27-04** 813-962
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone # 0548

STAPLE CHECK HERE