

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 # A04000000037			
1. Entity Name PARTNERS/HARBORSIDE 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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



4. FEI Number 20-0590641	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, SUITE 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> Suite <u>101</u> City <u>Tampa</u> FL Zip Code <u>33612</u>
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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 [Signature] 4/25/06 DATE

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 #	PARTNERS TITLE SERVICES CORPORATION 1502 WEST FLETCHER AVENUE, SUITE 101 TAMPA, FL 33612	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP		STREET ADDRESS	
		CITY - ST - ZIP	700075014097
			05/22/06--01011--015 **500.00
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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 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