

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

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

DOCUMENT # A04000000038 1. Entity Name PARTNERS/REGENCY TITLE, LTD.					
Principal Place of Business 1502 WEST FLETCHER AVE., SUITE 101 TAMPA, FL 33612			Mailing Address 1502 WEST FLETCHER AVE., SUITE 101 TAMPA, FL 33612		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02012006 Chg-LP CR2E003 (11/05)	
Zip Country		Zip Country		4. FEI Number 20-0590599	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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 David B. Housefield Street Address (P.O. Box Number is Not Acceptable) 1502 W. Fletcher Av Suite 101 City Tampa 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			DATE 4/29/06		
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 AVE., SUITE 101				
CITY-ST-ZIP	TAMPA, FL 33612				
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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:			Date 2/3/06 Daytime Phone # 813-962-0548		

STAPLE CHECK HERE