

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAY 10 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04202007 Chg-LP CR2E003 (12/06)

DOCUMENT # A04000000593 1. Entity Name SUNCOAST TITLE SERVICES OF TAMPA BAY, LLLP					
Principal Place of Business 9410 SEMINOLE BLVD SEMINOLE, FL 33772			Mailing Address 8115 SR 54 NEW PORT RICHEY, FL 34655		
2. Principal Place of Business - No P.O. Box # 8115 SR 54		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State New Port Richey, FL		City & State		4. FEI Number 20-2356778	
Zip 34655		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PERLMAN, JOSEPH N ESQ 1101 BELCHER ROAD S, STE. B LARGO, FL 33771			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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 #	P98000081992		STREET ADDRESS		
NAME	SUNCOAST TITLE SERVICES INC.		CITY- ST- ZIP		
STREET ADDRESS	8115 SR 54		CITY- ST- ZIP		
CITY- ST- ZIP	NEW PORT RICHEY, FL 34655		CITY- ST- ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY- ST- ZIP		
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STREET ADDRESS			CITY- ST- ZIP		
CITY- ST- ZIP			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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date _____ Daytime Phone # _____		

STAPLE CHECK HERE

[Handwritten Signature]

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 05/23/07-01020-025 **500.00