

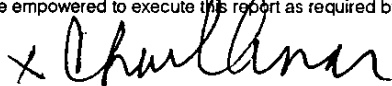


2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005

DOCUMENT # A04000000846 1. Entity Name UNITED REPUBLIC TITLE, LLLP						2005 APR 29 PM 1:59 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 600 WEST HILLSBORO BLVD., SUITE 203 DEERFIELD BEACH FL 33441				Mailing Address 600 WEST HILLSBORO BLVD., SUITE 203 DEERFIELD BEACH FL 33441			
2. Principal Place of Business		3. Mailing Address		 1ST MOORE CR2E003 (10/04)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number				<input checked="" type="checkbox"/> 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				7. Name and Address of New Registered Agent			
STREDA, THOMAS 600 WEST HILLSBORO BLVD., SUITE 203 DEERFIELD BEACH FL 33441				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City FL Zip Code			
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.						11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>							
9. Capital Contributions as Shown on record. \$6,000.00		10. Amount of Capital Contributions in FLORIDA to date.					
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 #	P01000114194			STREET ADDRESS	900054920549 05/20/05--01054--014 **141.25		
NAME	NEW REPUBLIC TITLE, INC.			CITY-ST-ZIP			
STREET ADDRESS	600 WEST HILLSBORO BLVD., SUITE 203						
CITY-ST-ZIP	DEERFIELD BEACH FL 33441						
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NAME				CITY-ST-ZIP			
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CITY-ST-ZIP							

STAPLE CHECK HERE

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date
Daytime Phone #