__2005 LIMITED PARTNERSHIP ANNUAL REPORT
_____ Due By May 1, 2005

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A0400001054 05 MAR 17 AM 10: 47 ENTÉRPRISE TITLE PARTNERS, LTD. Principal Place of Business Mailing Address 26133 U.S. HIGHWAY 19 NORTH, SUITE 412 29296 U.S. HWY 19 N., SUITE 104 CLEARWATER, FL 33761 CLEARWATER, FL 33761 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03142005 CR2E003 (10/03) Chg-LP City & State City & State Applied For Not Applicable Zíp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RIOS, JAN Street Address (P.O. Box Number is Not Acceptable) 29296 U.S. HIGHWAY 19 NORTH, SUITE 104 CLEARWATER, FL 33761 City 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. SIGNATURE Signature, typed or printed name of registered agent and the stabilicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$6,600.00 as Shown on record. 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 P03000013155 DOCUMENT 4 STREET ADDRESS NAME UNIFIED ENTERPRISES, INC. STREET ADDRESS 29296 U.S. HWY 19 N., SUITE 104 CHY-51-7/2 CITY-S1-ZIP CLEARWATER, FL 33761 DOCUMENT / 300049167453 /25/65-01005-007 **150.00 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS ΝΑМΓ STREET ADDRESS CITY-S1-7IP CHY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P STREET ADDRESS STREET ADDRESS CHY-SI-ZIP 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 it 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

STREET ADORESS

SIGNATURE:

DOCUMENT #

NAME . STREET ADDRESS CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER