


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

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|   |                                 |   |  |   |  |
|---|---------------------------------|---|--|---|--|
| <b>DOCUMENT # A04000001054</b><br>1. Entity Name<br>ENTERPRISE TITLE PARTNERS, LTD.   |                                 |   |  |  |  |
| Principal Place of Business<br>26133 U.S. HIGHWAY 19 NORTH, SUITE 412<br>CLEARWATER, FL 33761   |                                 |   | Mailing Address<br>29296 U.S. HWY 19 N., SUITE 104<br>CLEARWATER, FL 33761             |   |  |
| 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 <b>84-1651117</b> Chg-LP      CR2E003 (10/03)                       |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required   |                                 |   |  | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 6. Name and Address of Current Registered Agent   |                                 |   | 7. Name and Address of New Registered Agent  |   |  |
| RIOS, JAN<br>29296 U.S. HIGHWAY 19 NORTH, SUITE 104<br>CLEARWATER, FL 33761   |                                 |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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. |                                 |   |  |   |  |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and fee if applicable.</small>  |                                 |   |  |   |  |
| 9. Capital Contributions as Shown on record. <b>\$6,600.00</b>  |                                 | 10. Amount of Capital Contributions in FLORIDA to date. |  |   |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>   |                                 |   |  |   |  |
| 12. GENERAL PARTNER INFORMATION   |                                 |   | 13. ADDRESS CHANGES ONLY   |   |  |
| DOCUMENT #  | P03000013155                    |   | STREET ADDRESS   |   |  |
| NAME  | UNIFIED ENTERPRISES, INC.       |   | CITY-ST-ZIP  |   |  |
| STREET ADDRESS  | 29296 U.S. HWY 19 N., SUITE 104 |   | CITY-ST-ZIP  |   |  |
| CITY-ST-ZIP   | CLEARWATER, FL 33761            |   | STREET ADDRESS   |   |  |
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