

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A04000001054**

1. Entity Name  
**ENTERPRISE TITLE PARTNERS, LTD.**



Principal Place of Business

**26133 U.S. HIGHWAY 19 NORTH, SUITE 412  
CLEARWATER, FL 33761**

Mailing Address

**29296 U.S. HWY 19 N., SUITE 104  
CLEARWATER, FL 33761**



04212006 No Chg-LP

CR2E003 (11/05)

4. FEI Number

**84-1651117**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**RIOS, JAN  
29296 U.S. HIGHWAY 19 NORTH, SUITE 104  
CLEARWATER, FL 33761**

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable.

DATE

**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

DOCUMENT # **P03000013155**  
NAME **UNIFIED ENTERPRISES, INC.**  
STREET ADDRESS **29296 U.S. HWY 19 N., SUITE 104**  
CITY-STATE-ZIP **CLEARWATER, FL 33761**

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**U00000538720  
05/09/06-80069-022 500.00**

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone

**1/1/06 (727) 7875800**

STAPLE CHECK HERE