2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 FEB 18 AM 8:15

DOCUMENT # A04000001894

1. Entity Name
PREMIER TITLE OF CENTRAL FLORIDA, LLLP

Principal Place of Business	Mailing Address
7323 SAND LAKE ROAD, SUITE 103 ORLANDO, FL 32819	7323 SAND LAKE ROAD, SUITE 103 ORLANDO, FL 32819

01142005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
7232 Sand Lake Road	7232 Sand Lake Road
Suite, Apt. #, etc. Suite 103	Suite, Apt. #, etc. Suite 103
City & State Orlando, Florida	City & State Orlando, Florida
Zip / Country 32819 / USA	Zip / Country 32819 / USA

4. FEI Number
20-1825556
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PANTALEON, I. ED. ESQ. C/O SHUTTS & BOWEN, LLP 300 SOUTH ORANGE AVE., SUITE 1000 ORLANDO, FL 32801	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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent, and title if applicable

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.
$30,000.00	$30,000.00

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 #	L03000041154	STREET ADDRESS	
NAME	VP TITLE & TRUST, LLC	CITY-ST-ZIP	
STREET ADDRESS	~~3200~~ SAND LAKE ROAD, SUITE 103		
CITY-ST-ZIP	ORLANDO, FL 32819		
DOCUMENT #	7232	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	500047496985 03/01/05--01039--008 **298.75
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
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: Denise Pantaleon 1-28-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #