

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

**DOCUMENT # A05000000406**

1. Entity Name  
**BOCA TITLE PARTNERS TITLE & ESCROW, LTD.**



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 FEB -8 AM 10:43

Principal Place of Business      Mailing Address  
 900 WEST LINTON BOULEVARD, SUITE 200A      900 WEST LINTON BOULEVARD, SUITE 200A  
 DELRAY BEACH, FL 33444      DELRAY BEACH, FL 33444

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042006

Chg-LP

CR2E003 (11/05)

4. FEI Number

☒ 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

JOSEPHSON, JAY A  
 900 WEST LINTON BOULEVARD, SUITE 200A  
 DELRAY BEACH, FL 33444

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

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 # PO4000089540  
 NAME FOURTEENTH BEACH, INC.  
 STREET ADDRESS 900 WEST LINTON BOULEVARD, SUITE 200A  
 CITY-ST-ZIP DELRAY BEACH, FL 33444

13. ADDRESS CHANGES ONLY  
 STREET ADDRESS  
 CITY-ST-ZIP  
**200065855562**  
**02/14/06--01060--001 \*\*500.00**

DOCUMENT #  
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STREET ADDRESS  
 CITY-ST-ZIP

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 #

1/4/06

561-272-5655

STATE CHECK HERE