


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 MAY 19 AM 9:37

DOCUMENT # A05000000982	
1. Entity Name ELITE TITLE SERVICES OF AVENTURA, LLLP	

Principal Place of Business 20801 BISCAYNE BLVD., LOBBY AVENTURA, FL 33180	Mailing Address 20801 BISCAYNE BLVD., LOBBY AVENTURA, FL 33180
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04272006 Chg-LP CR2E003 (11/05)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROZALES, SANFORD A 20348 HACIENDA COURT BOCA RATON, FL 33498		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.

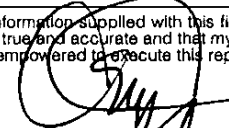
SIGNATURE _____ DATE 05/26/06 01052 013 **550.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P94000008698	STREET ADDRESS	
NAME	TITLE CITY, INC.	CITY-ST-ZIP	
STREET ADDRESS	1761 W. HILLSBORO BLVD., #202		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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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:  **Charles M. Diveto, Jr., CPA, PA**
 7425 N.W. 4th Street
 Fort Lauderdale, Florida 33317

4/27/06 954-321-6300

Date Daytime Phone #

STAPLE CHECK HERE