

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

FILED

06 MAY -1 AM 8:44

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # A05000001522

1. Entity Name
AFFILIATED MORTGAGE CONSULTANTS, LLLP



Principal Place of Business
**6544 U.S. HIGHWAY 41 NORTH, SITE 208 B
APOLLO BEACH, FL 33572**

Mailing Address
**6544 U.S. HIGHWAY 41 NORTH, SITE 208 B
APOLLO BEACH, FL 33572**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05112006 Chg-LP CR2E003 (11/05)

City & State

City & State

4. FEI Number

Applied For
Not Applicable

Zip

Country

Zip

Country

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
7232 SAND LAKE ROAD, SUITE 103
ORLANDO, FL 32819**

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
Due by September 6, 2006**

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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 # **P99000110103**
NAME **UNITED SETTLEMENT SERVICE AFFILIATES, INC.**
STREET ADDRESS **6544 U.S. HIGHWAY 41 NORTH, SITE 208 B**
CITY-ST-ZIP **APOLLO BEACH, FL 33572**

STREET ADDRESS

CITY-ST-ZIP

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800075023728
05/22/06--01029--012 **\$500.00

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

5/9/2006 813-645-4588
Date Daytime Phone #

Leonard Vandermaast III

STAPLE CHECK HERE