## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

## FILED **DOCUMENT # A05000001522** 1. Entity Name 2007 APR 23 AM 10: 48 AFFILIATED MORTGAGE CONSULTANTS, LLLP SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 6544 U.S. HIGHWAY 41 NORTH, SITE 208 B 6544 U.S. HIGHWAY 41 NORTH, SITE 208 B APOLLO BEACH, FL 33572 APOLLO BEACH, FL 33572 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 03082007 Chg-LP CR2E003 (12/06) City & State City & State 4. FEI Number Applied For <u>20-33</u>21821 Not Applicable Zip Country $Z_{i}$ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PANTALEON, I. ED Street Address (P.O. Box Number is Not Acceptable) 7232 SAND LAKE ROAD, SUITE 103 ORLANDO, FL 32819 Zip Code FL 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 it applicable FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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 GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. P99000110103 DOCUMENT # STREET ADDRESS UNITED SETTLEMENT SERVICE AFFILIATES, INC. NAME STREET ADDRESS 6544 U.S. HIGHWAY 41 NORTH, SITE 208 B 100101352661 05/03/07--01017--018 \*\*500.00 CITY-ST-ZIP CITY-ST-ZIP APOLLO BEACH, FL 33572 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I turther 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 41 SIGNATURE: