


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -7 PM 1:52

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 - No P.O. Box #
6544 US Hwy 41 N

3. Mailing Address
6544 US Hwy 41 N

Suite, Apt. #, etc.
100 B

City & State
Apollo Beach FL

Country
USA

City & State
Apollo Beach FL

Country
USA

6. Name and Address of Current Registered Agent
**PANTALEON, I. ED
 7232 SAND LAKE ROAD, SUITE 103
 ORLANDO, FL 32819**

7. Name and Address of New Registered Agent
 Name **Leonard Vanderkast III**
 Street Address (P.O. Box Number is Not Acceptable)
6213 Marbella Blvd
 City **APOLLO Beach** FL Zip Code **33572**

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 **Leonard Vanderkast** DATE **4/28/08**

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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05/07/08--01009--012 **500.00

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 # NAME STREET ADDRESS CITY-ST-ZIP	P99000110103 UNITED SETTLEMENT SERVICE AFFILIATES, INC. 6544 U.S. HIGHWAY 41 NORTH, SITE 208 B APOLLO BEACH, FL 33572	STREET ADDRESS CITY-ST-ZIP	6544 US Hwy 41 N. S#101B APOLLO Beach FL 33572
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STAPLE CHECK HERE

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: **Leonard Vanderkast** DATE **4/28/08** DAYTIME PHONE # **813-645-4588**