



2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A05000001582 1. Entity Name SUNSHINE STATEWIDE LAND TITLE & ESCROW, LTD.						<div style="transform: rotate(-15deg);"> FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 JAN 24 AM 9:15 </div>	
Principal Place of Business 900 WEST LINTON BOULEVARD, SUITE 200A DELRAY BEACH, FL 33444				Mailing Address 900 WEST LINTON BOULEVARD, SUITE 200A DELRAY BEACH, FL 33444			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number <div style="font-size: 1.2em; font-family: cursive;">81-0653583</div>				Chg-LP CR2E003 (11/05) Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent JOSEPHSON, JAY A 900 WEST LINTON BOULEVARD, SUITE 2001 DELRAY BEACH, FL 33444			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <div style="border: 1px solid black; padding: 2px;">FL</div> <div style="border: 1px solid black; padding: 2px;">Zip Code</div> </div>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				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				13. ADDRESS CHANGES ONLY			
DOCUMENT #	P04000089538			STREET ADDRESS	<div style="font-size: 1.2em; font-family: cursive;">300064998563</div>		
NAME	FIFTEENTH BEACH, INC.			CITY-ST-ZIP			
STREET ADDRESS	900 WEST LINTON BOULEVARD, SUITE 200A			STREET ADDRESS	<div style="font-size: 1.2em; font-family: cursive;">02/01/06--01077--001 **500.00</div>		
CITY-ST-ZIP	DELRAY BEACH, FL 33444			CITY-ST-ZIP			
DOCUMENT #				STREET ADDRESS			
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STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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

1/18/06

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____
Daytime Phone # _____

STATE OF FLORIDA