

2006 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2006

DOCUMENT # A05000002253

1. Entity Name
AMERICAN TITLE VENTURES OF FLORIDA, A LIMITED PARTNERSHIP



SEC. OF STATE
DIVISION OF CORPORATIONS
06 FEB 24 AM 10:04

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.

02232006

Chg-LP

CR2E003 (11/05)

City & State

City & State

4. FEI Number

43-2098460

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

JOSEPHSON, JAY A
900 WEST LINTON BOULEVARD, SUITE 200A
DELRAY BEACH, FL 33444

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
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

DOCUMENT # P05000148516
NAME EIGHTEENTH BEACH, INC.
STREET ADDRESS 900 WEST LINTON BOULEVARD, SUITE 200A
CITY-ST-ZIP DELRAY BEACH, FL 33444

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

800067298938

03/07/06 01016 005 **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

Date

Daytime Phone #

JAY A JOSEPHSON 2/22/06 561-272-5355

STATE OF FLORIDA