


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 05 APR 27 PM 5:42
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A96000000239				
1. Entity Name THE SECURITY FIRST TITLE PARTNERS OF PINELLAS, LTD.				
Principal Place of Business 1700 9TH ST., N. ST. PETERSBURG, FL 33704		Mailing Address 7360 BRYAN DAIRY RD., STE 200 LARGO, FL 33777		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3346369
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
THE SECURITY FIRST TITLE AFFILIATES, INC. 7360 BRYAN DAIRY ROAD LARGO, FL 33777		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				
9. Capital Contributions as Shown on record. \$40,000.00		10. Amount of Capital Contributions in FLORIDA to date.		368.75
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 #	P95000040857		STREET ADDRESS	
NAME	THE SECURITY FIRST TITLE AFFILIATES, INC.		CITY-ST-ZIP	
STREET ADDRESS	7360 BRYAN DAIRY RD., STE. 200			
CITY-ST-ZIP	LARGO, FL 33777			
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CITY-ST-ZIP				
14: I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Michael LaRosa</i>		VP of Gen. Part.		4/21/05 727-549-3300 <small>Date Daytime Phone #</small>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				

STAPLE CHECK HERE