


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 04 APR -7 AM 10:45

DOCUMENT # A96000002027 1. Entity Name SECURITY FIRST TITLE PARTNERS OF JACKSONVILLE, LTD.	
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Principal Place of Business 12646 SAN JOSE BLVD., STE. 105 JACKSONVILLE, FL 32223	Mailing Address 7360 BRYAN DAIRY RD., STE 200 LARGO, FL 33777
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country



02122004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3396817	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

THE SECURITY FIRST TITLE AFFILIATES, INC.
 7360 BRYAN DAIRY RD., STE 200
 LARGO, FL 33777

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$73,000.00	10. Amount of Capital Contributions in FLORIDA to date.	
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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.

STAPLE CHECK HERE

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P95000040857	STREET ADDRESS	7360 Bryan Dairy Rd., Ste. 200
NAME	THE SECURITY FIRST TITLE AFFILIATES, INC.	CITY-ST-ZIP	Largo, FL 33777
STREET ADDRESS	1715 N. WESTSHORE BLVD., SUITE 150		
CITY-ST-ZIP	TAMPA, FL 33607		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	300032974103
STREET ADDRESS			04/16/04--01062--009 **535.00
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
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: *[Signature]* **IP of SFTA, Inc.** 3/25/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #