


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

**FILED**  
05 APR 27 PM 5:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A9700000802</b>				
1. Entity Name SECURITY FIRST TITLE PARTNERS OF ST. PETE BEACH, LTD.				
Principal Place of Business 7340 GULF BLVD ST. PETERSBURG, FL 33706		Mailing Address 7360 BRYAN DAIRY ROAD, SUITE 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	
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, SUITE 200 LARGO, FL 33777				Name
				Street Address (P.O. Box Number is Not Acceptable)
				City
				FL
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. <b>\$25,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.		<b>263.75</b>
<b>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.</b>				
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., SUITE 200			
CITY-ST-ZIP	LARGO, FL 33777			
DOCUMENT #			STREET ADDRESS	
NAME			CITY-ST-ZIP	
STREET ADDRESS				<b>300054352573</b>
CITY-ST-ZIP				05/13/05--01005--020 **263.75
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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 La Rosa</i>		VP of Gen. Part.		4/21/05 727-549-3300
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small>		<small>Daytime Phone #</small>

STAPLE CHECK HERE