

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

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

<b>DOCUMENT # A97000000802</b> 1. Entity Name <b>SECURITY FIRST TITLE PARTNERS OF ST. PETE BEACH, LTD.</b>					
Principal Place of Business <b>7340 GULF BLVD  ST. PETERSBURG, FL 33706</b>			Mailing Address <b>7360 BRYAN DAIRY ROAD, SUITE 200  LARGO, FL 33777</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number <b>59-3397249</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent <b>THE SECURITY FIRST TITLE AFFILIATES, INC.  7360 BRYAN DAIRY ROAD, SUITE 200  LARGO, FL 33777</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. <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.</b> <b>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		
CITY-ST-ZIP	LARGO, FL 33777		CITY-ST-ZIP		
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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 Daytime Phone #</small>		

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