


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Mar 10, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A97000002504</b> 1. Entity Name THE CENTURY TITLE AGENCY, LTD.	
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Principal Place of Business 1555 PALM BEACH LAKES BLVD. SUITE 412 WEST PALM BEACH, FL 33401	Mailing Address 1555 PALM BEACH LAKES BLVD. SUITE 1000 WEST PALM BEACH, FL 33401
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01072004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0795019	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 date if applicable

9. Capital Contributions as Shown on record. \$5,000.00	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 #	H93554	STREET ADDRESS	
NAME	UNIVERSAL LAND TITLE, INC. ✓	CITY-ST-ZIP	4000000032722
STREET ADDRESS	1555 PALM BEACH LAKES BLVD., SUITE 1000		03/10/04-80008-012 141.25
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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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: Michael Blawie 2/20/04 (561) 688-8200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #