


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007


FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 JAN 23 AM 9:20

DOCUMENT # A97000002504 1. Entity Name THE CENTURY TITLE AGENCY, LTD.	
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Principal Place of Business 1555 PALM BEACH LAKES BLVD. SUITE 500 WEST PALM BEACH, FL 33401	Mailing Address 1555 PALM BEACH LAKES BLVD. SUITE 500 WEST PALM BEACH, FL 33401
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2. Principal Place of Business - No P.O. Box # 1555 Palm Beach Lakes Blvd. Suite, Apt. #, etc. Suite 416 City & State West Palm Beach, FL Zip 33401 Country USA	3. Mailing Address 1555 Palm Beach Lakes Blvd. Suite, Apt. #, etc. Suite 416 City & State West Palm Beach, FL Zip 33401 Country USA
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01052007	Chg-LP	CR2E003 (12/06)
4. FEI Number 65-0795019	Applied For <input type="checkbox"/> 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 <div style="text-align: right;"> FL Zip Code </div>
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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 title if applicable

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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 # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Glass **Michael Glass, President of** **1-8-07** **561-689-8200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER General Partner Date Daytime Phone #

STAPLE CHECK HERE