

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
06 MAY -1 AM 8:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A98000000094 1. Entity Name SELECT TITLE INSURANCE AGENCY, LTD.					
Principal Place of Business 1502 W FLETCHER AVENUE, SUITE 101 TAMPA, FL 33612			Mailing Address 1502 W FLETCHER AVENUE, SUITE 101 TAMPA, FL 33612		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3490903	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FARR, JAMES G 1502 W FLETCHER AVENUE, SUITE 101 TAMPA, FL 33612				7. Name and Address of New Registered Agent Name David B. Housefield Street Address (P.O. Box Number is Not Acceptable) 1502 W Fletcher Av Suite 101 City Tampa	
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.				FL Zip Code 33612	
SIGNATURE DATE 5/1/06					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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	P97000101846 PARTNERS TITLE SERVICES CORPORATION 1502 W FLETCHER AVENUE, SUITE 101 TAMPA, FL 33612		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:			2/3/06 813-962-0548		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE