


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

<b>DOCUMENT # A98000001192</b>					
<b>1. Entity Name</b> SECURITY FIRST TITLE PARTNERS OF PENSACOLA, LTD.					
<b>Principal Place of Business</b> 1335 CREIGHTON ROAD PENSACOLA, FL 32504			<b>Mailing Address</b> 7360 BRYAN DAIRY RD., STE 200 LARGO, FL 33777		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3507062	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>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</b>	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				Zip Code	
<b>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.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>9. Capital Contributions as Shown on record.</b> \$50,000.00			<b>10. Amount of Capital Contributions in FLORIDA to date.</b> 438.75		
<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>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
<b>DOCUMENT #</b> P95000040857	<b>NAME</b> THE SECURITY FIRST TITLE AFFILIATES, INC.		<b>STREET ADDRESS</b>		
<b>STREET ADDRESS</b> 7360 BRYAN DAIRY RD., STE 200			<b>CITY - ST - ZIP</b>		
<b>CITY - ST - ZIP</b> LARGO, FL 33777					
<b>DOCUMENT #</b> 	<b>NAME</b> 		<b>STREET ADDRESS</b>		
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<b>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</b>					
<b>SIGNATURE:</b> <i>Michael LaRosa</i>			<b>UP of Gen. Part.</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		
			Daytime Phone #		

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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4. FEI Number 59-3507062

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$50,000.00

10. Amount of Capital Contributions in FLORIDA to date. 438.75

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**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

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**SIGNATURE:** *Michael LaRosa* **UP of Gen. Part.** **4/21/05** **727-544-3300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE