

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
05 APR 27 PM 5:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A98000001452 1. Entity Name SECURITY FIRST TITLE PARTNERS OF ORLANDO, LTD.					
Principal Place of Business 1315 TUSCAWILLA RD. SUITE 117 WINTER SPRINGS, FL 32708			Mailing Address 7360 BRYAN DAIRY ROAD, STE 200 LARGO, FL 33777		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 04202005 Chg-LP CR2E003 (10/03)	
City & State		City & State			
Zip Country		Zip Country			
6. Name and Address of Current Registered Agent THE SECURITY FIRST TITLE AFFILIATES, INC. 7360 BRYAN DAIRY ROAD, STE 200 LARGO, FL 33777				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. \$50,000.00		10. Amount of Capital Contributions in FLORIDA to date.		438.75	
<p align="center">A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</p> <p align="center">NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</p>					
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., STE. 200				
CITY-ST-ZIP	LARGO, FL 33777				
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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: <u>Michael LaRosa, VP of Gen. Part.</u>				Date: <u>4/21/05</u> Daytime Phone #: <u>727-549-3300</u>	

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