


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

**FILED**  
05 APR 27 PM 5:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A98000002557</b>					
1. Entity Name SECURITY FIRST TITLE PARTNERS OF ST. LUCIE, LTD.					
Principal Place of Business 1844 S.E. PORT ST. LUCIE BLVD. PORT ST. LUCIE, FL 34952			Mailing Address 7360 BRYAN DAIRY RD., STE 200 LARGO, FL 33777		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0870477 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
THE SECURITY FIRST TITLE AFFILIATES, INC. 7360 BRYAN DAIRY RD., STE 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 _____ <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		
<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>					
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., 200				
CITY-ST-ZIP	LARGO, FL 33777				
DOCUMENT #			STREET ADDRESS		
NAME			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: <u>Michael LaRosa</u> UP of Gen. Part.			4/21/05 727-549-3300		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

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