

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 APR -7 AM 10:45

**DOCUMENT # A99000000473**

1. Entity Name  
**TITLE PARTNERS OF SUWANEE, LTD.**



Principal Place of Business  
**651 EXCHANGE PLACE, SUITE 300**  
**LILBURN, GA 30047**

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.

02122004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number  
**58-2425573**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TITLE PARTNERS OF AMERICA, 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

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

DATE

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

10. Amount of Capital Contributions in FLORIDA to date.

**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 # **P95000040945**  
 NAME **TITLE PARTNERS OF AMERICA, INC.**  
 STREET ADDRESS **7360 BRYAN DAIRY RD, STE. 200**  
 CITY-ST-ZIP **LARGO, FL 33777**

STREET ADDRESS

CITY-ST-ZIP

**000032965140**  
**04/16/04--01046--014 \*\*\*447.50**

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE