

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

Mar 15, 2005 8:00 A.M.
Secretary of State

DOCUMENT # A99000001335 1. Entity Name ENTERPRISE TITLE SERVICES, LTD			
Principal Place of Business 26133 US 19 NORTH SUITE 412 CLEARWATER, FL 33763		Mailing Address 29296 US 19 #104 CLEARWATER, FL 33761	
2. Principal Place of Business 26133 US Hwy 19 NO Suite, Apt. #, etc. SUITE 400		3. Mailing Address Suite, Apt. #, etc.	
City & State Clearwater FL		City & State	
Zip 33763	Country Pinellas	Zip	Country
4. FEI Number 59-3577869		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		03142005 Chg-LP CR2E003 (10/03) \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHAFFER, WALTER L JR, PA 2430 ESTANCIA BLVD., STE. 108 CLEARWATER, FL 34621-2607		7. Name and Address of New Registered Agent 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 file if applicable.</small>			
9. Capital Contributions as Shown on record. \$1,000.00		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 # NAME STREET ADDRESS CITY-ST-ZIP	UNIFIED ENTERPRISES, INC. 29296 US 19 NORTH SUITE 104 CLEARWATER, FL 33763	STREET ADDRESS CITY-ST-ZIP	900049167319 03/25/05--01005--006 **150.00
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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:		Date: March 14 2005 (727) 787-5800	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date Daytime Phone #</small>	

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