

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A99000001335

1. Entity Name
ENTERPRISE TITLE SERVICES, LTD



06 MAY -1 AM 9:40
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business
26133 US 19 NORTH
SUITE 400
CLEARWATER, FL 33763

Mailing Address
29296 US 19
#104
CLEARWATER, FL 33761



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04212006 Chg-LP CR2E003 (11/05)

City & State
 Zip Country

4. FEI Number
59-3577869

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SCHAFER, WALTER L JR, PA
2430 ESTANCIA BLVD., STE. 108
CLEARWATER, FL 34621-2607

7. Name and Address of New Registered Agent

Name **Jan Rios**
 Street Address (P.O. Box Number is Not Acceptable)
29296 US Hwy 19N
#104
 City **Clearwater** FL Zip Code **33761**

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

1/1/06
 DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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

DOCUMENT #
 NAME **UNIFIED ENTERPRISES, INC.**
 STREET ADDRESS **29296 US 19 NORTH SUITE 104 -**
 CITY-ST-ZIP **CLEARWATER, FL 33763**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **29296 US 19 NO SUITE 104**
 CITY-ST-ZIP **CLEARWATER FL 33761**

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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 exemptions contained in Chapter 119, 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

1/1/06 (727) 7875800
 Date Daytime Phone #

STAPLE CHECK HERE