

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 04 APR -7 AM 10:46

**DOCUMENT # A99000002001**

1. Entity Name  
 SECURITY FIRST TITLE PARTNERS OF MELBOURNE,  
 LTD.



Principal Place of Business  
 580 NORTH WICKHAM ROAD, SUITE A  
 MELBOURNE, FL 32935

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

02122004

Chg-LP

CR2E003 (10/03)

4. FEI Number

59-3604430

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

SECURITY FIRST TITLE AFFILIATES, INC.  
 7360 BRYAN DAIRY RD., STE 200  
 LARGO, FL 33777

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

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

DATE

9. Capital Contributions  
 as Shown on record.

**\$33,000.00**

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 # P95000040857  
 NAME SECURITY FIRST TITLE AFFILIATES, INC.  
 STREET ADDRESS 7360 BRYAN DAIRY ROAD, STE. 200  
 CITY-ST-ZIP LARGO, FL 33777

STREET ADDRESS

CITY-ST-ZIP

**900033107389**

**04/20/04--01007--013 \*\*328.50**

DOCUMENT #  
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 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:

*[Signature]*  
 SECURITY FIRST TITLE AFFILIATES, INC.

**3/25/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE