

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A99000002001						<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">FILED</div> <div style="font-size: 1.2em;">05 APR 27 PM 5:44</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>			
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			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>									
9. Capital Contributions as Shown on record. \$33,000.00				10. Amount of Capital Contributions in FLORIDA to date. 319.75					
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				STREET ADDRESS					
NAME SECURITY FIRST TITLE AFFILIATES, INC.				CITY-ST-ZIP					
STREET ADDRESS 7360 BRYAN DAIRY ROAD, STE. 200									
CITY-ST-ZIP LARGO, FL 33777									
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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, VP of Gen. Part.</u> 4/21/05 727-549-3300									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>									

STAPLE CHECK HERE