

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 05 APR 27 PM 5:45
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A99000002002 1. Entity Name SECURITY FIRST TITLE PARTNERS OF SOUTH BREVARD, LTD.					
Principal Place of Business 580 N. WICKHAM RD. STE. A MELBOURNE, FL 32935			Mailing Address 7360 BRYAN DAIRY ROAD STE. 200 LARGO, FL 33777		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-3605521					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent SECURITY FIRST TITLE AFFILIATES, INC. 7360 BRYAN DAIRY ROAD, SUITE 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. \$24,000.00			10. Amount of Capital Contributions in FLORIDA to date. 256.75		
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 RD, STE. 200		STREET ADDRESS		
CITY - ST - ZIP	LARGO, FL 33777		CITY - ST - ZIP		
DOCUMENT #			STREET ADDRESS		
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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: <i>Michael Capora</i> UP OF MGAM			Date: 4/21/05 Daytime Phone #: 727-549-3300		

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