A05000000412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEPT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN FEB 25 2005

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

File
2nd

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: MEGAN HODGE

DATE: 2/25/2005

REF. #: 0170.35250

CORP. NAME: LANCE REPUBLIC TITLE, LLLP

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CORPORATIONS
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( ) ARTICLES OF INCORPORATION ( ) ARTICLES OF AMENDMENT ( ) ARTICLES OF DISSOLUTION
( ) ANNUAL REPORT ( ) TRADEMARK/SERVICE MARK ( ) FICTITIOUS NAME
( ) FOREIGN QUALIFICATION ( ) LIMITED PARTNERSHIP ( ) LIMITED LIABILITY
( ) REINSTATEMENT ( ) MERGER ( ) WITHDRAWAL
( ) CERTIFICATE OF CANCELLATION
(XX) OTHER: LLLP QUALIFICATION

STATE FEES PREPAID WITH CHECK# 511523 **FOR $** 33.75

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: $**_____

PLEASE RETURN:

( ) CERTIFIED COPY ( ) CERTIFICATE OF GOOD STANDING (XX) PLAIN STAMPED COPY
(XX) CERTIFICATE OF STATUS

Examiner's Initials

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

1. The name of the limited partnership as identified in the records of the Florida Department of State:
Lance Republic Title, Ltd.

Insert limited partnership's Florida document number: _____
or
Attach Certificate of Limited Partnership, Affidavit of Capital Contributions and applicable limited partnership filing fees.

2. The complete name of the entity after filing Statement of Qualification shall be:

Lance Republic Title, LLLP
(Must include LLLP or L.L.L.P.)

3. The street address of its chief executive office:
(if different from current recorded address): _____

4. The street address of principal office in Florida:
(if different from above) _____

5. The limited partnership hereby elects to be a limited liability limited partnership.

6. The effective date of this filing shall be:
X as of the date this document is filed with the Florida Secretary of State
or
_____ a date later than the time of filing: _____.

7. The name and Florida street address of the partnership's agent for service of process:
Suranie Pruna
1991 Longwood--Lake Mary Road
Longwood, Florida **32750**

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signed this 23RD day of **February**, **2005**.

Signature of TWO Partners: Vic Fidelity Title Corporation, by Suranie Pruna
Devika Lutchmidat

Typed or printed names of partners signing above: SURANIE PRUNA
DEVIKA LUTCHMIDAT

Filing Fee: $25.00
Certified Copy (optional): $52.50