2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002326

1. Entity Name

AFFILIATED TITLE OF MARION COUNTY, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 13 AM 10:03

Principal Place of Business	Mailing Address
101 S.W. 3RD STREET OCALA FL 34474	101 S.W. 3RD STREET OCALA FL 34474-4132

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3536313 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLANAGAN, GREGORY S ~~200 N.E. 25TH AVENUE~~ ~~OCALA FL 34470~~	Name Street Address (P.O. Box Number is Not Acceptable) 230 N.E. 25th Avenue, Suite 200 City Ocala FL Zip Code 34470

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$100,000.00	$92,105.35	

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 # P98000023182 NAME AFFILIATED TITLE OF MARION COUNTY, INC. STREET ADDRESS 101 S.W. 3RD STREET CITY-ST-ZIP OCALA FL 34474	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS 2 of 3/21/00 CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS 900002317941 2 CITY-ST-ZIP -03/22/00--01026--007 ****526.25 ****526.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
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CR2E003 (9/99)

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

AFFILIATED TITLE OF MARION COUNTY, INC.

SIGNATURE: SIGNATURE REQUIRED 3/3/00 (352) 622-1188
By: JOHN W. ARNETT, President
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL SIGNING GENERAL PARTNER — Date — Daytime Phone #