



2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0004276
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DOCUMENT # A00000000533	
1. Entity Name CO-OP TITLE, LTD.	

FILED
03 MAY -1 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


Principal Place of Business 6070 NORTH FEDERAL HWY BOCA RATON FL 33487	Mailing Address 6070 NORTH FEDERAL HWY BOCA RATON FL 33487
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2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-1096094		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SERLE, STEVEN 6070 NORTH FEDERAL HWY BOCA RATON FL 33487				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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$10,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	P97000068772	STREET ADDRESS	5 00017804235		
NAME	CORPORATE TITLE, INC.	CITY-ST-ZIP	05/01/03--01022--020 **158.75		
STREET ADDRESS	6070 NORTH FEDERAL HWY	STREET ADDRESS	500017804235		
CITY-ST-ZIP	BOCA RATON FL 33487	CITY-ST-ZIP	05/01/03--01022--020 **158.75		
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NAME		CITY-ST-ZIP			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: Adrienne Virell **SIGNATURE REQUIRED** 4/22/03 561-912-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)