

**LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **A 00000001477**

1. Entity Name

*Security First Title Partners of Marion, Ltd.*

FILED

02 JUL -9 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

*7360 Bryan Dairy Rd*

*200*

*Largo, FL*

*33777*

*Penellas*

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

4. FEI Number

*59-3667548*

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

*Security First Title Affiliates, Inc.*

Street Address (P.O. Box Number is Not Acceptable)

*7360 Bryan Dairy Rd. #200*

City

*Largo, FL*

FL

Zip Code

*33777*

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

Signature, typed or printed name of registered agent and date, if applicable.

DATE

9. Capital Contributions  
as Shown on record.

*50,000*

10. Amount of Capital Contributions  
in FLORIDA to date.

*40,000*

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

*G.P.*

*Security First Title Affiliates, Inc.*

*7360 Bryan Dairy Rd. #200*

*Largo, FL 33777*

STREET ADDRESS

CITY-ST-ZIP

*2000006333862--6*

*-07/11/02--01045--016*

*\*\*\*\*377.50 \*\*\*\*377.50*

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*Jim Gray*

*6/28/02*

Date

Exhibitor, Phone #

CR2E003B (12/01)