LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _

| | MILOKW BOZIM | :55 KEPUKI | (ARK) | | $f = x^{r_1}$ |
|---|--|--|--|--|--|
| DOCUMENT # 4000000150.6 1. Entity Name | | | | | FILED |
| Securit | ers of Destin | , Ltd. | | 2002 JUL 22 AM !!: 49 | |
| DO NOT WRITE IN THIS SPACE | | | | DIVISION OF CORPORATIONS FALLAHASSEE, FLORIDA | |
| · · · · · · · · · · · · · · · · · · · | | 3. Mailing Address 7360 Boxan | | | DO NOT WRITE IN THIS SPACE |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | DUE BY MAY 1 |
| City & State | | City & State Lacque, Fl | | | 4. FEI Number Applied For Not Applicable |
| Zip | Country | ^{Zip} 33777 | Country | | 5. Certificate of Status Desired \$8.75 Additional Fee Required |
| y | \$ | | | | 7. Name and Address of Current Registered Agent |
| * | RITE ACE | Street Ad 7360 | SCCVITY FIRST LITTLE ARTICLES, Inc. Street Address (P.O. Box Number is Not Acceptable) 7360 Bryan Dairy Rd. #200 | | |
| | ų | | City | 4 | 10, F FL Zip Code 33,777 |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE 10. Amount of Capital Contributions as Shown on record. DATE 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION A GENERAL PARTNER THAT IS A RUSINESS ENTITY MUST BE DECISTEDED AND ACTIVE MUST BUT OF STATE STATE OF STATE STATE OF STATE STATE OF STATE STATE OF STATE | | | | | |
| 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 | | | | The state of the s |
| DOCUMENT # | CD | | A 4.1. | 7 | |
| NAME STREET ADDRESS CITY-ST-ZIP | Security First Title A 7360 Bryan Dairy Ro Largo Fl 3377) | Ailiates, Inc. 4200 | STREET ADDRESS CITY-ST-ZIP | | 4000066304342** -07/25/0201003014 ****377.50 *****377.50** |
| DOCUMENT # NAME | | *************************************** | STREET ADDRESS | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| DOCUMENT # NAME | | | STREET ADDRESS | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY-ST-ZIP | | DO NOT WRITE |
| DOCUMENT # NAME | | | STREET ADDRESS | | IN THIS SPACE |
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| DOCUMENT # NAME | | | STREET ADDRESS | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 14. I hereby of indicated the receiv | ertify that the information supplied with to on this report is true and accurate and the er or trustee empowered to execute this | his filing does not qualify for th hat my signature shall have the report as required by Chapter | e exemption state same legal effect 620, Florida Statut | d in Sec as if ma es | ction 119.07(3)(i), Florida Statutes. I further certify that the information ade under oath; that I am a General Partner of the limited partnership or |



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

FILED
2002 JUL 22 AM 11: 49
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

July 10, 2002

SECURITY FIRST TITLE PARTNERS OF DESTIN, LTD. 7360 BRYAN DAIRY RD., STE 200 LARGO, FL 33777

SUBJECT: SECURITY FIRST TITLE PARTNERS OF DESTIN, LTD.

Ref. Number: A0000001506

We have received your document for SECURITY FIRST TITLE PARTNERS OF DESTIN, LTD. and check(s) totaling \$377.50. However, your check(s) and document are being returned for the following:

You have completed the wrong form for the limited partnership UBR. Please complete the attached form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing Corporate Specialist

Letter Number: 702A00042821