

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0014394 AT

DOCUMENT # A00000001506

1. Entity Name
SECURITY FIRST TITLE PARTNERS OF DESTIN, LTD.



FILED

03 MAY -1 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
21 HIGHWAY 98 EAST HARBOR WALK
DESTIN FL 32541

Mailing Address
7360 BRYAN DAIRY RD., STE 200
LARGO FL 33777

2. Principal Place of Business

12671 Hwy. 98
Suite, Apt. #, etc.
Suite 207

3. Mailing Address

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
Destin, FL

City & State

4. FEI Number 59-3671810

Applied For
Not Applicable

Zip
32550

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SECURITY FIRST TITLE AFFILIATES, INC.
7360 BRYAN DAIRY RD., STE 200
LARGO FL 33777

7. Name and Address of New Registered Agent

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

DATE

9. Capital Contributions as Shown on record. \$0.00

10. Amount of Capital Contributions in FLORIDA to date. 35,000

11. MAKE CHECK PAYABLE TO FL. 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 # P95000040857
NAME SECURITY FIRST TITLE AFFILIATES, INC.
STREET ADDRESS 1715 N. WESTSHORE BLVD., SUITE 990
CITY-ST-ZIP TAMPA FL 33607

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

200017803762
05/01/03--01021--017 **342.50

DOCUMENT #
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STREET ADDRESS

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/13/03 (727) 544-3300
Date Daytime Phone #

CR2E003 (10/02)