
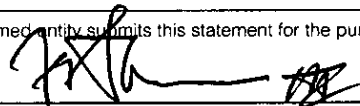
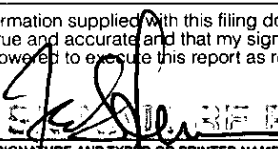


2004 UNIFORM BUSINESS REPORT (UBR)

0020348 SP

DOCUMENT # A00000001508		FILED 01 APR 27 PM 12:14 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
1. Entity Name L&R TITLE GROUP LTD.					
Principal Place of Business 995 S.R. 434 N., STE 514 ALTAMONTE SPRINGS FL 32714		Mailing Address 995 S.R. 434 N., STE 514 ALTAMONTE SPRINGS FL 32714		 DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 1101 N. PALAFOX ST		3. Mailing Address 1101 N. PALAFOX ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PENSACOLA FL		City & State PENSACOLA FL		4. FEI Number 59-3639720	
Zip 32501		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STEVENSON, FRANK E 995 S.R. 434 N., STE 514 ALTAMONTE SPRINGS FL 32714		7. Name and Address of New Registered Agent Name FRANK G. STEVENSON JR Street Address (P.O. Box Number is Not Acceptable) 1101 N. PALAFOX ST. City PENSACOLA FL Zip Code 32501			
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 4/20/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating)</small>					
9. Capital Contributions as Shown on record. \$0.00		10. Amount of Capital Contributions in FLORIDA to date.		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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	LLP000000529		STREET ADDRESS	1101 N. PALAFOX ST	
NAME	SOUTHEAST TITLE GROUP, LLP		CITY-ST-ZIP	PENSACOLA FL 32501	
STREET ADDRESS	995 S.R. 434 N., STE 514				
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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NAME			CITY-ST-ZIP		
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: 			4/20/07 850-438 6200 <small>Date Daytime Phone #</small>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

CR2E003 (11/00)