

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A00000001700**

1. Entity Name

TITLE PARTNERS OF WOODSTOCK, LTD.

Principal Place of Business

2617 SANDY PLAINS RD., SUITE A
MARIETTA GA 30066

Mailing Address

1715 N. WESTSHORE BLVD., SUITE 990
TAMPA FL 33607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2577501

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TITLE PARTNERS OF AMERICA, INC.
1715 N. WESTSHORE BLVD., SUITE 990
TAMPA FL 33607

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$37,500.00

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 # | P95000040945 | STREET ADDRESS | 262-504 |
| NAME | TITLE PARTNERS OF AMERICA, INC. | CITY-ST-ZIP | 88-75-A |
| STREET ADDRESS | 1715 N. WESTSHORE BLVD., SUITE 990 | CITY-ST-ZIP | 8-75-Cent |
| CITY-ST-ZIP | TAMPA FL 33607 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | CITY-ST-ZIP | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | 200004213592-8 |
| NAME | | CITY-ST-ZIP | -05/11/01--01152--020 |
| STREET ADDRESS | | CITY-ST-ZIP | ****360.00 ****360.00 |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | CITY-ST-ZIP | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| 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: X SIGNATURE RECORDED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Tim Gay

4/24/01

Date

Daytime Phone #

000413
AF

FILED

01 APR 26 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E903 (11/00)