ACO/ LIMITED
PARTNERSHIP
REINSTATEMENT -
(IIAR)



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 OCT 19 PM 12: 17

SECRETARY OF STATE TALLAHASSEE FLORIDA

<b>DOCUMENT</b> #	A 0000	0001765

1. Name of Limited Partnership

WESTFALIAN TITLE + ABSTRACT, LTD.

2. Principal Office Address SSS PAIN BEACH LAKES Blvd.		3. Mailing Office Address 1555 Palm BEACL LAKES Blud		4. Date Formed or Registered To Do Business in Florida  11-20-00	
Suite, Apt. #, etc. 100 City & State WEST PAIM BEACK, Florida		Suite, Apt. #, etc. 1000  City & State WEST Palm BEACH, Florida		5. FEI Number 65 - 1063705	Applied For Not Applicable
				6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status  7a. Capital Contributions as shown on Record:	
Zip Country PAIM BEACK		Zip Country Alm BEACH			
8. Name and Address of Current Registered Agent			<b>7b.</b> Amount of Capital Contributions in FLORIDA to date:		
Street Address (P.O.	LAND THE, IN Box Number is Not Acceptable REACH LAKES B	<b>)</b>		FEES:  1.) Filing Fee(s): Computed at a rate of \$7 per \$1 in 7b, with a minimum filing fee of \$52.50 and for each year due this office.  2.) Supplemental Fee(s): \$88.75 for each year due	a maximum of \$437.50,

Suite, Apt. #, Etc.

1000

WEST PAIN BEACH

Zip Code 33401

- with 1992 calendar year.
- 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
- Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes

SIGNATURE (Registered Agent Accepting Appointment)

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

Name(s) of General Partner(s) UNIVERSAL LAND TITLE, INC

Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1555 PAIM BEACH LAKES Blud.

City, State and Zip Code

Registration '
Document Number

West Palm BEACH, FI 33401 H93554

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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my enhature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as reasiest of chapters. hapter 620, Florida Statutes.

SIGNATURE

TAND TITLE, INC by Rymano Syde Extended Number 561-689-8200