2002	<b>UNIFORM</b>	<b>BUSINESS</b>	REPORT.	(UBR
2.5				. <b>.</b> — — — —

DOCUMENT # A0100000209  1. Entity Name								Ř	
WEED & ASSOCIATES TITLE SERVICES, LTD.					,	FILED			
301 N. U.S. HIGHWAY 27. SUITE H 301 N		Mailing Address 301 N. U.S. HIGHWAY 27. CLERMONT FL 34711	301 N. U.S. HIGHWAY 27. SUITE H		SECH TALLA	O2 MAY - I AM IO: 55  SECRETARY OF STATE TALLAHASSEE FLORIDA			
2. Principal F	3. Mailing Address 221 N. US H	Mailing Address 221 N. US Hwy 27							
Suite, Apt. # oto		Suite G			DUE BY MAY 1, 2002				
Suite G		City & State			4. FEI Number Applied For				
Zip	4ONT, FL Country	ZIERMONT, FL Country		-	59-3732544 Not Applicable  5. Certificate of Status Desired \$8.75 Additional				
3471	1 Lake 6. Name and Address of Current F	34711   Begistered Agent	I	ake		Address of New Registere	Fee Required	-	
		TOSIOCOTO AGENT	,	Name 1	7. Name and	Address of New Registere	:: Agent	1	
WEED, KATHRYN I 301 N. U.S. HIGHWAY 27, SUITE H CLERMONT FL 34711				Street Addr	et Address (P.O. Box Number is Not Acceptable)				
					. US Hwy	27, Suite G			
- thu				L CLER	CLERMONT FL Zip Code 34711				
8. The above	named entity submits this statement for		egister		gistered agent, or bot	h, in the State of Florida. $4/25$	/02		
Signature, typed or printed name of registered agent and title if applicable.  9. Capital Contributions  \$0.00  10. Amount of Capital Contributions				butions		11. MAKE CHECK PAYAE		_	
as Shown	on record.  A GENERAL PARTNER TH	in FLORIDA to dat			00	SEE REVERSE SIDE	FOR FEE INFORMATION	-	
40	NOTE: General Partners MA	/ NOT be changed on the	form	; an amend	ment must be file	d to change a general p	artner.		
12.	GENERAL PARTNER	INFORMATION	13.	ADDRESS CHANGES ONLY			DNLY	CR2E003 (9/01)	
NAME STREET ADDRESS CITY-ST-ZIP		WEED, JEFFREY A 301 N. U.S. HIGHWAY 27, SUITE H CLERMONT FL 34711  WEED, JEFFREY A 301 N. U.S. HIGHWAY 27, SUITE H				1 N. US Hwy 27, Suite G ERMONT, FL 34711			
DOCUMENT #					<del>-                                    </del>	1 N. US Hwy 27, Suite G			
STREET ADDRESS CITY-ST-ZIP	301 N. U.S. HIGHWAY 27, SUITE			CT 7ID		FL 34711		1	
DOCUMENT #	· · · · · · · · · · · · · · · · · · ·	*	STRE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	8	10005555	50182		
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DOCUMENT A NAME STREET ADDRESS		. 1	STRE	ET ADDRESS					
CITY-ST-ZiP	/	·		ST-ZIP				}	
14. I hereby c indicated the receive	ertify that the information supplied with the on this report is trong and accurate and the or trustee employered to execute this	nis filing does not qualify for the nat my signature shall have the report as required by Chapter	e exer same 620, F	nption stated in legal effect as lorida Statutes	n Section 119.07(3)(i) if made under oath;	, Florida Statutes. I further o that I am a General Partner	ertify that the information of the limited partnership or		

SIGNATURE REQUIRE[Kathryn I. Weed 4/25/02 (352)241-8260