## FILED Apr 18, 2008 08:00 AN Secretary of State

|   | TNERSHIP ANNUAL F<br>By May 1, 2008 | REPORT |                          |  |
|---|-------------------------------------|--------|--------------------------|--|
| DOCUMENT # A0100001016  1. Entity Name      |                                     |        |                          |  |
| STEWART ACQUIRE LAND T                      | IILE, LLLP                          |        |                          |  |
| Principal Place of Business                 | Mailing Address                     |        |                          |  |
| 1182 N. EGLIN PARKWAY<br>SHALIMAR, FL 32579 | PO BOX 5649<br>DESTIN, FL 32540     |        |                          |  |
|   |                                     |        |                          |  |
|   |                                     |        |                          |  |
| DO NOT WE                                   | 04042008 No Chg                     |        |                          |  |
| DO NOT WE                                   | 4. FEI Number 59-3716525            |        |                          |  |
|   |                                     | i      | 5. Certificate of Status |  |
| 6. Name and Address of                      | Current Registered Agent            | - 4    |                          |  |
| HICKMAN, HAROLD                             |                                     |        | DO NO                    |  |

|  |  |   | The state of  |  |                                       |  |  |
|--|--|---|---------------|--|---------------------------------------|--|--|
| •  | te of Business Mailing Ad<br>IN PARKWAY PO BOX 5<br>FL 32579 DESTIN, I           |   |               |  |                                       |  |  |
|  |  |   |               |  |                                       |  |  |
| DO NOT WRITE IN THIS SP  |  |   |               | 04042008 No Chg-LP CR2E003 (12/06)   |                                       |  |  |
|  |  | HIS SPACE   |               | 4. FEI Number 59-3716525   |                                       | Applied For<br>Not Applicable  |  |
|  |  |   |               | 5. Certificate of Status Desired   |                                       | 8.75 Additional  |  |
|  | 6. Name and Address of Current Registered Ag                                     | gent  | 4             |  |                                       | · · · · · · · · · · · · · · · · · · ·  |  |
| HICKMAN, HAROLD<br>8401 WEST CYPRESS STREET<br>FAMPA, FL 33607 |  |   |               | DO NOT W   | RITE                                  |  |  |
|  |  |   | IN THIS SPACE |  |                                       |  |  |
|  | named entity submits this statement for the purpose citions of registered agent. | of changing its registered office or  | registere     | d agent, or both, in the State of Flo  | rida. I am fa                         | miliar with, and accept  |  |
| SIGNATURE  | Signature, typed or printed name of registered agent and title if applicable     |   |               |  | DATE                                  | ······································   |  |
|  | FILE NOW!!! FEE IS<br>After May 1, 2008, Fee w                                   |   |               |  |                                       |  |  |
|  | A GENERAL PARTNER THAT IS A BUNOTE: General Partners MAY NOT be cl               | JSINESS ENTITY MUST BE F<br>hanged on the form; an ame  | REGIST        | ERED AND ACTIVE WITH TH<br>must be filed to change a ge  | S OFFICE                              | ner.   |  |
| 2.   | GENERAL PARTNER INFORMATIO   | ON  |               |  | , , ,                                 | leter .  |  |
| ocument /<br>IAME  | L06000012424<br>STEWART TITLE PANHANDLE, L.L.C.                                  |   |               |  |                                       |  |  |
| TREET ADDRESS  | 155 CRYSTAL BEACH DRIVE, STE. 131<br>DESTIN, FL 32541                            |   |               |  | 1, 1.                                 |  |  |
| OCUMENT #  |  |   |               | 00000  | 3907613                               | )<br>-005 500.00   |  |
| TREET ADDRESS  |  |   |               |  |                                       | .002 200.00  |  |
| OCUMENT #  |  | •   |               | en de la compansión de la<br>La compansión de la compa |                                       | . ,  |  |
| AME<br>TREET ADDRESS   |  |   |               | DO NOT WE  | SITE                                  |  |  |
| ITY-ST-ZIP   |  |   | •             |  |                                       | ,  |  |
| OCUMENT /<br>AME   |  |   |               | IN THIS SPA  | <b>NUE</b>                            |  |  |
| TREET ADDRESS  |  |   |               |  | t                                     |  |  |
| OCUMENT #  |  |   |               |  |                                       | 1 3 3  |  |
| TREET ADDRESS  |  |   |               | at an man Active with an   |                                       | (* (praj   |  |
| OCUMENT /  |  | <u></u>   |               |  | •                                     |  |  |
| AME<br>Treet address   |  | The property of the second of |               | raan in in gegen van <sup>e</sup> en die een sekspeering ampygeneen in elektromere, die<br>Die nieuwe verster in de alleen verster van die seks konsentriës en met die seksie van die die seksie verster die s                   | DA11-                                 | out perfect contacts to the second to the contact t |  |
| ITY-SI-ZIP   |  |   |               | $(\mathbf{c}_{i}) = (\mathbf{c}_{i})_{i} \cdot (\mathbf{c}_{i}) = (\mathbf{c}_{i})_{i} \cdot (\mathbf{c}_{i})_{i} \cdot (\mathbf{c}_{i})_{i} \cdot (\mathbf{c}_{i})_{i} \cdot (\mathbf{c}_{i})_{i}$                              | , , , , , , , , , , , , , , , , , , , |  |  |

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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:

TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER