| 2003 LIMITED PARTNERSHIP |                 |        |      |  |  |  |  |  |
|--------------------------|-----------------|--------|------|--|--|--|--|--|
| UNIFORM                  | <b>BUSINESS</b> | REPORT | (UBR |  |  |  |  |  |
| DOCUMENT #               | A0100000        | 1684   |      |  |  |  |  |  |
| 1 Entity Name            |                 |        |      |  |  |  |  |  |

ALLIANCE TITLE SERVICES III, LTD.

Principal Place of Business 2699 LEE ROAD, SUITE 120

Mailing Address 2699 LEE ROAD. SUITE 120

FILED

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| WINIER PARK FL 32/89 WINIER PARK FL 32/89                                   |   |                                |   |  |                            |  |                       |        |                             |
|---|---|--------------------------------|---|--|----------------------------|--|-----------------------|--------|-----------------------------|
| 2. Principal Place of Business  |   |                                | 3. Mailing Address                        |  |                            | T TRENSITY ICEN DENSET THOSE SECUL BEING BEING BEING BEING BEING BUING B |                       |        |                             |
| Suite, Apt. #, etc.   |   |                                | Suite, Apt. #, etc.                       |  | DUE BY MAY 1, 2003         |  |                       |        |                             |
| City & Sta  | ty & State City & State 4. FEI Number § |                                | 0-0003000                                 |  | Applied For Not Applicable |  |                       |        |                             |
| Zip   | Coun                                    | try                            | Zip                                       | Country  | /                          | 5. Certificate of Status Desired    \$8.75 Additional Fee Required   |                       |        | 3.75 Additional<br>Required |
| 6. Name and Address of Current Registered Agent                             |   |                                |   | 7. Name and Address of New Registered Agent  |                            |  |                       |        |                             |
| SOUTH, J. TODD<br>2699 LEE ROAD, SUITE 120<br>WINTER PARK FL 32789          |   |                                | -   | Name Street Address (P.O. Box Number is Not Acceptable)                                    |                            |  |                       |        |                             |
|   |   |                                |   |  |                            |  |                       |        |                             |
|   |   |                                |   |  | City                       |  |                       | FL     | Zip Code                    |
| the obliga  | itions of registered age                |                                | e purpose of changing its                 | registered   | office or regis            | stered agent, or both, in  | the State of Florida. | am fam | iliar with, and accept      |
| SIGNATURE   | Signature, typed or printed n           | ame of registered agent and ti | tle if applicable.                        |  |                            |  | D                     | ATE    | <del></del>                 |
| 9. Capital Contributions as Shown on record. \$2,000.00 In FLORIDA to date. |   |                                |   | butions  11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |                            |  |                       |        |                             |
|   |   |                                | T IS A BUSINESS EN<br>OT be changed on th |  |                            |  |                       |        | er.                         |
| 12.   |   |                                |   | 13.  |                            |  | ADDRESS CHANGES       | ONLY   |                             |
| DOCUMENT #  | P95000027798                            |                                |   |  |                            |  |                       |        |                             |

STREET ADDRESS MILLER, SOUTH & DIMASI, INC. NAME 2699 LEE ROAD, SUITE 120 STREET ADDRESS CITY-ST-ZIP **WINTER PARK FL 32789** CITY-ST-ZIP <del>500017118085</del> 04/28/03--01012--005 \*\*150.00 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME 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:

oframmiffer, South & Di Masi,

4/22/03 Fric.

407-539-1638

CR2E003 (10/02)