

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JAN 10 PM 3:54

1. Name of Limited Partnership

1a. DOCUMENT #
A95000001675

ALLIANCE ASSOCIATES TITLE AGENCY, LTD.



Mailing Address
**98 S.E. 6TH AVENUE
DELRAY BEACH FL 33483**

Principal Office Address
**98 S.E. 6TH AVENUE
DELRAY BEACH FL 33483**

3. Date Formed or Registered
11/03/1995

5a. Capital Contributions as
Shown on record.
\$35,000.00

3a. Date of Last Report
01/29/1996

4. State or Country of Formation
FL

5b. Amount of Capital
Contributions in FLORIDA
to date:
10,500

2. Mailing Address

117 NE 5 Ave

Suite, Apt. #, etc.

2a. Principal Office Address

117 NE 5 Ave

Suite, Apt. #, etc.

City & State

Delray Beach FL

Zip

33483 Palm Beach

City & State

Delray Beach FL

Zip

33483 Palm Beach

6. FEL Number
65-0621408

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

LASKEY, DAVID G

~~98 S.E. 6TH AVENUE~~
~~DELRAY BEACH FL 33483~~

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Numbers Not Accepted)

117 NE 5 Ave

Suite, Apt. #, etc.

Delray Beach

FL

33483

10a. 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)

DATE

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

11. Name(s) of General Partner(s)

ALLIANCE ASSOCIATES TITLE AG

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

~~98 S.E. 6TH AVENUE~~
117 NE 5 Ave

11b. City, State & Zip Code

DELRAY BEACH FL 33483

11c. Registration/
Document Number

P95000083154

000002056550--3
-01/14/97--01059--007
****191.25 ****191.25

**FF\$73.50
Supp 103.75
Over \$14.00
Q1-10**

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

12. 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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 signature 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 required by chapter 620, Florida Statutes.

SIGNATURE

David G. Laskey
DAVID G. LASKEY

DATE

12-31-96

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

561-278-5336