


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

| LIMITED PARTNERSHIP ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
|---|---|---|--|
| 1. Name of Limited Partnership THE SECURITY FIRST TITLE PARTNERS OF CHARLOTTE, LTD. | | 1a. DOCUMENT # A95000001821 | |
| Mailing Address 1715 N. WESTSHORE BLVD. SUITE 150 990 TAMPA FL 33607 | | Principal Office Address 2811-B TAMIAMI TRAIL PORT CHARLOTTE FL 33952 | |
| 2. Mailing Address Suite, Apt. #, etc. # 990 City & State Zip Country | | 2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country | |
| 3. Date Formed or Registered 11/27/1995 | | 3a. Date of Last Report 12/10/1997 | |
| 4. State or Country of Formation FL | | 5a. Capital Contributions as Shown on record. \$40,000.00 5b. Amount of Capital Contributions in FLORIDA to date: \$40,000.00 | |
| 6. FEI Number 65-0608133 | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 7. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 THE SECURITY FIRST TITLE AFFILIATES, INC. 1715 N. WESTSHORE BLVD. SUITE 150 990 TAMPA FL 33607 | | 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code | |
| 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) THE SECURITY FIRST TITLE AFF | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1715 N. WESTSHORE BLV | 11b. City, State & Zip Code TAMPA FL 33607 | 11c. Registration/Document Number P95000040857 |
| 280.00 88.75 8.75 377.50 | | | |
| nged on this form; an amendment must be filed to change a general partner. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. I further certify that the information indicated on this form is true and correct. I further certify that I am a General Partner of the limited partnership, receiver or trustee of the limited partnership. DATE 11-3-98 Daytime Telephone Number _____ | | | |

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E003 (8/98)