FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998

Typed or Printed Name of General Partner Signing Form



SECURITY FIRST TITLE PARTNERS OF SUNCOAST, LTD.

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A9600000240**

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 DEC 10 AMI1: 21

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| Malling Address | Principal Office Address | | | 3. Date Formed or Registered 58. Capital Contributions as Shown on record. | | |
|---|---------------------------------------|------------------------------|---|---|---|---|
| 1715 N. WESTSHORE BLVD., SUITE 150 TAMPA FL 33607 | 2000 WEBBER ST. SARASOTA FL'94234_ | | ; | 02/02/1996 3a. Date of Lest Report | \$41,000.00 | |
| | | | | 01/02/1997 1. State or Country of Formation | | nt of Capital ibutions in FLORIDA e: |
| 2. Mailing Address | 2a. Principal Office Address | 2a. Principal Office Address | | FL | 34,300 | |
| Sulte, Apt. #, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | FEI Number | ☐ Applied For | |
| City & State | City & Stato | City & Stato | | 65-0627312 7. Certificate of Status Desired | Not Applicable \$8.75 Additional | |
| Zip Country | ⁷¹⁸ 34239 | ^{Zip} 34239 Country | | 8. Make check payable to: Dept. of State (See reverse side for loc information) | | |
| 9. Name and Address of Current Registered Agent | | | 10. If changed, now Registered Agent/Office | | | |
| THE SECURITY FIRST TITLE AFFILIATES, INC. 1715 N. WESTSHORE BLVD. SUITE 150 TAMPA FL 33807 City FL 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 for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). Thereby accept the appointment or 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 E | | | | | | da, submits this statement appointment of registered |
| 11. Name(s) of General Partner(s) | IUST BE REGISTERED AN | ID ACTIV | E WITH | THIS OFFICE. City, State & Zip Code | | Registration/ |
| THE SECURITY FIRST TITLE AFF | | | TAMPA FL 33607 | | P95000040857 3:713185 277-01112-010 32.60 ****352.60 | |
| Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. | | | | | | |

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 exampt 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 logal effects as if made under eath. 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.