

1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-0071
904-222-0071 FAX

800-342-8086



A96000000295

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
FEB 12 AM 10:03

ACCOUNT NO. : 072100000032

REFERENCE : 042000 030000

AUTHORIZATION :

COST LIMIT : % PREPAID

ORDER DATE : February 9, 1996

ORDER TIME : 12:31 PM

ORDER NO. : 042000

CUSTOMER NO: 030000

CUSTOMER: Ms. Becky Shirey
PALMER & PALMER

Suite 240
1550 Madruga Avenue
Coral Gables, FL 33146

Overpayment 35.00
FILING 490.00
R. AGENT FEE 75.00
C. COPY 52.50
TOTAL 612.50
N. BANK
BALANCE DUE
REMARK

300001716183
-02/15/96--01032--003
***612.50 ***612.50

1312 2/12/96

DOMESTIC FILING

NAME: ALLIANCE AFFILIATED TITLE
AGENCY, LTD.

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: KAREN ROZAR

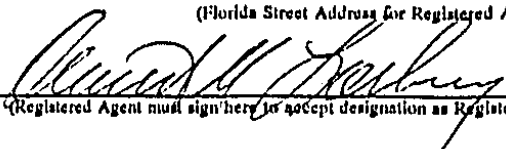
EXAMINER'S INITIALS:

2/12/96
BK

RECEIVED
96 FEB 12 PM 1:17
DIVISION OF CORPORATIONS

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
ALLIANCE AFFILIATED TITLE AGENCY, LTD**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 FEB 12 AM 103

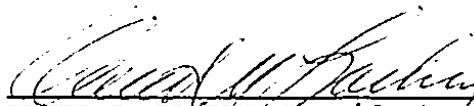
1. ALLIANCE AFFILIATED TITLE AGENCY, LTD
(Name of Limited Partnership; must contain a suffix as "Limited", "Ltd", or "Limited Partnership")
2. 98 S.E. 6TH Avenue, Delray Beach, Florida 33483
(The Business Address of Limited Partnership)
3. DAVID G. LASKEY
(Name of Registered Agent for Service of Process)
4. 98 S.E. 6TH Avenue, Delray Beach, Florida 33483
(Florida Street Address for Registered Agent)
5. 
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 98 S.E. 6TH Avenue, Delray Beach, Florida 33483
(The Mailing Address of the Limited Partnership)
7. The latest date upon which the Limited Partnership is to be dissolved is December 31, 1998.

- | 8. <u>NAME OF GENERAL PARTNER(S)</u> | <u>SPECIFIC ADDRESS</u> |
|---|--|
| ALLIANCE AFFILIATED TITLE
AGENCY, INC. | 98 S.E. 6TH AVENUE
DELRAY BEACH FL. 33483 |

Signed this 26th day of January, 1996

Signature of all general partners:

ALLIANCE AFFILIATED TITLE AGENCY, INC.
General Partner

By: 
DAVID G. LASKEY, President

896000010778

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 FEB 12 AM 10:03

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of ALLIANCE AFFILIATED TITLE AGENCY, LTD a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is \$ 5,000.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$ 70,000.00.

This 2 day of January, 1996.

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

Alliance Affiliated Title Agency, Inc.
General Partner

By:

David G. Laskey
DAVID G. LASKEY, President

STATE OF FLORIDA OFFICE OF THE COMPTROLLER APPLICATION FOR REFUND

Section 15.27, Florida Statutes, states in part: Applications for refund as provided in this section shall be filed with the Comptroller, except that there shall be no right to such refund until three years after the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the Department of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: X ALLIANCE AFFILIATED TITLE AGENCY, Inc. EIN or SS#: X EIN Applied For

Address: X 98 SE 6th Avenue
X Delray Beach, FL 33483

Amount: \$35.00 Date Paid _____

Reason for claim: Overpayment on limited partnership filing.

ALLIANCE AFFILIATED TITLE AGENCY, LTD. -- A96000000295

BUCK KOHR - REGISTRATION SECTION

Certified true and correct this 28 day of X February, 19 96.

X Signature David C. Laskey
David C. Laskey, President

* Must be completed if authority is other than Section 215.26, Florida Statutes.

BJC

For Agency Use Only	
Agency recommends approval of above claim and submits the following information to substantiate the claim:	Amount of recommended refund \$ <u>35.00</u>
The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipts No. <u>01092 003</u> dated <u>2/15/96</u>	
Name of Account _____ 4 5 2 0 2 1 3 0 0 0 1 4 5 3 0 0 0 0 0 0 0 0 0 0 1 0 0 0 0	
Statutory Authority for Collection <u>620.0182</u>	
It is requested that payment be made from the following account:	
NAME OF ACCOUNT: _____ 4 5 2 0 2 1 3 0 0 0 1 4 5 3 0 0 0 0 0 0 0 2 2 0 0 2 0 0 0	
Certified true and correct this _____ day of _____, 19 _____.	
Department of State, Division of Corporations (Agency)	_____ (Authorized Signature and Title)

A96000000295

Palmer & Palmer, P.A.

Counselors at Law

Paul Palmer
David Mangiero

Alfred R. Palmer
of Counsel

1650 Madruga Avenue
Suite 240
Coral Gables, Fla. 33146
Telephone (305) 680-8704
Fax (305) 687-0509

July 18, 1996

VIA CERTIFIED MAIL 2 689 222 746
RETURN RECEIPT REQUESTED

Florida Department of State
Division of Corporations
Amendment Section
409 E. Gaines Street
Tallahassee, FL 32399

100001902681
-07/24/96--01003--008
*****61.25 *****61.25

Re: Certificate of Limited Partnership Amendment
Alliance Affiliated Title Agency, Ltd.
Document Number 96000000295
Our File No. 95-483D

Dear Sir/Madam:

Please find enclosed an Amendment to Certificate of Limited Partnership Agreement of Alliance Affiliated Title Agency, Ltd. for filing with your office.

You will also find enclosed our Trust Account check payable to Florida Department of State in the amount of \$61.25 to cover the filing fee for the Amendment plus the fee for a Certificate of Status for Southeastern Affiliated Title Agency, Ltd.

Please forward the Certificate of Status to our office for placement in the Partnership Book. Thank you for your anticipated cooperation.

Sincerely,

David Mangiero
David Mangiero, Esq. *bds*

DM/bds

Enc. - Amendment to Certificate
- Check No. 458

*Signed for Mr. Mangiero in his
absence to prevent delay in
Mailing.*

I:\WORK\DAVID\LASKEY.DAV\AFFILIAT.LTD\NAMECHG.LTR

A96000000295

KWM

7-23

FILED

96 JUL 23 11:12:00

AMENDMENT TO CERTIFICATE OF
LIMITED PARTNERSHIP AGREEMENT OF
ALLIANCE AFFILIATED TITLE AGENCY, LTD.
DOCUMENT NO. A96000000295

1. The Name of the Partnership is Alliance Affiliated Title Agency, Ltd. It's principal address is 98 SE 6th Avenue, Delray Beach, Florida 33483.

2. Pursuant to the provisions of the above-referenced Limited Partnership Agreement, §5.1(k), and F.S. §§ 620.24(2)(a), 620.25(1)(a) and 620.02(1)(a), the Partnership adopts the following Amendment to its Limited Partnership Agreement.

3. Section 2, ORGANIZATION, 2.1 Name, of the Agreement, filed as LIMITED PARTNERSHIP DOCUMENT NO. A96000000295, on February 12, 1996, with the Office of the Florida Department of State, is deleted in its entirety and substituted by the following:

SECTION 2

ORGANIZATION

2.1 Name. The name of the Partnership shall be "SOUTHEASTERN AFFILIATED TITLE AGENCY, LTD."

4. This Amendment was considered and adopted at a special, joint meeting of the General Partner of Alliance Affiliated Title Agency, Ltd., which is Alliance Affiliated Title Agency, Inc., on July 9, 1996, and unanimously approved by the General Partner, which is the only partner entitled to vote on this Amendment under the Limited Partnership Agreement.

Alliance Affiliated Title Agency, Ltd., has caused this Amendment to be executed on July 9, 1996.

ALLIANCE AFFILIATED TITLE AGENCY,
LTD.

By: David G. Laskey
DAVID G. LASKEY,
President and Director

STATE OF FLORIDA)
COUNTY OF PALM BEACH)

Before me, the undersigned authority, appeared David G. Laskey, as President and Director of Alliance Affiliated Title Agency, Ltd., a Florida Corporation, who is personally known to me who did take an oath and who executed the foregoing instrument.

In witness whereof, I have hereunto set my hand and official seal at the County and State last aforesaid, this 9th day of July, 1996.

Serena Harms
Notary Public, State of Florida

My Commission expires:

I:\WORK\DAVID\LASKEY.DAV\AFFILIAT.LTD\SEAF.LTD.AMD



SERENA HARMS
My Commission CC317258
Expires Sep. 20, 1997