1201 Hays Street
Tallahassee, FL 32301
904-222-9171
800-342-8062
904-222-8222 FAX

A96000000295

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

csc networks
PRENTICE HALL
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 042000 830860

AUTHORIZATION :

COST LIMIT : $ PREPAID

300001716188
-02/15/96--01032--003
****612.50 ****612.50

ORDER DATE : February 9, 1996

ORDER TIME : 12:31 PM

ORDER NO. : 042000

CUSTOMER NO: 830860

CUSTOMER: Ms. Becky Shirey
PALMER & PALMER

Suite 240
1550 Madruga Avenue
Coral Gables, FL 33146

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

MC 2/12/96

RECEIVED
96 FEB 12 PM 1:17
DIVISION OF CORPORATION

DOMESTIC FILING

NAME: ALLIANCE AFFILIATED TITLE AGENCY, LTD.

EFFECTIVE DATE:

$35.00 Overpayment

_____ 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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 FEB 12 AM 8:03

CERTIFICATE OF LIMITED PARTNERSHIP
OF
ALLIANCE AFFILIATED TITLE AGENCY, LTD

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.

NAME OF GENERAL PARTNER(S)	SPECIFIC ADDRESS
ALLIANCE AFFILIATED TITLE AGENCY, INC.	98 S.E. 6TH AVENUE DELRAY BEACH FL. 33483

P96000010778

Signed this 12TH day of January, 1996

Signature of all general partners:

ALLIANCE AFFILIATED TITLE AGENCY, INC.
General Partner

By: _____
DAVID G. LASKEY, President

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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 2nd 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, President

A96000000295

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, authorizes payment of applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided by law, within 3 years after the right to such refund shall have accrued or else such right shall be barred. The Comptroller's general interpretation is meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the agency 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: Alliance Affiliated Title Agency, Inc. EIN or SS#: EIN Applied For

Address: 98 SE 6th Avenue

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* February, *19* 96.

Signature David G. Laskey, President

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

BK

For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim: *Amount of recommended refund* $ 35.00.

The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipt No. 01092 003 *dated* 2/15/96.

Name of Account _____

4520213000145300000000010000

Statutory Authority for Collection 620.0182

It is requested that payment be made from the following account:

NAME OF ACCOUNT: _____

4520213000145300000022002000

Certified true and correct this ____ *day of* _____, *19* ____.

Department of State, Division of Corporations
(Agency)

_____
(Authorized Signature and Title)

CR2E060(6/95)

A96000000295

Palmer & Palmer, P.A.

Counselors at Law

Paul Palmer
David Mangiero

Alfred R. Palmer
of Counsel

1550 Madruga Avenue
Suite 240
Coral Gables, Fla. 33146
Telephone (305) 666-0704
Fax (305) 667-0509

FILED
96 JUL 23 PM 12:06

July 18, 1996

VIA CERTIFIED MAIL Z 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

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

DM/bds

Enc. - Amendment to Certificate
- Check No. 458

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

A96000000295
KWM
7-23

FILED

96 JUL 23 PM 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,
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.

_____
Notary Public, State of Florida

My Commission expires:

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

NOTARY PUBLIC STATE OF FLORIDA

SERENA HARMS
My Commission CC317256
Expires Sep. 20, 1997