

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

LIMITED PARTNERSHIP ANNUAL REPORT 1997	 <p>FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS</p>
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***FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**
96 NOV -1 AM 9:30

1. Name of Limited Partnership BAY AREA TITLE COMPANY, LTD.	1a. DOCUMENT # A96000000514
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Mailing Address 2471 MCMULLEN BOOTH ROAD, SUITE 5 CLEARWATER FL 34619	Principal Office Address 2471 MCMULLEN BOOTH ROAD, SUITE 5 CLEARWATER FL 34619	3. Date Formed or Registered 03/18/1996	5a. Capital Contributions as Shown on record \$1,000.00
		3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date: \$1000.00
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	4. State or Country of Formation FL	6. FEI Number 59-3393730
		7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent SOUTH, J. TODD ESQUIRE MILLER, SOUTH & DIMASI, P.A. 2699 LEE ROAD, SUITE 120 WINTER PARK FL 32789	10. If changed, new Registered Agent/Office Name: 400002000884-9 Street Address (P.O. Box Number Is Not Acceptable): 11/08/96-01100-011 Suite, Apt. #, etc.: ****191.25 ****191.25 City: FL Zip Code:
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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.

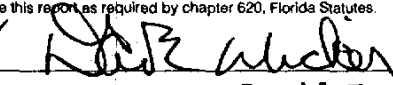
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**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 EXCHANGE TITLE COMPANY,	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2471 MCMULLEN BOOTH R	11b. City, State & Zip Code CLEARWATER FL 34619	11c. Registration/Document Number P95000090075 P95000096805 KWM
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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  DATE 10-8-96
 Typed or Printed Name of General Partner Signing Form David E. Wicker Daytime Telephone Number 813 669 0050

CR2E003 (6/96)