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<b>2</b> 001	UNITORIN	<b>BUSINESS</b>	NEFUNI	IUDN

DOCUMENT # A97000001013					
EQUITABLE TITLE SERVICES LTD., NO. 1	- LU ED				
Principal Place of Business  Mailing Address  7575 DR PHILLIPS PLVD SHITE 270  01 APR 26 PH 3: 53					
73/3 DN. PRILLIPS BLVD SUITE 270 73/3 DN. PRILLIPS BLVD SUITE 270					
SECRETARY OF STATE	: 				
2. Principal Place of Business 3. Mailing Address					
Suite, Apt. #, etc.  DO NOT WRITE IN THIS SPA	DO NOT WRITE IN THIS SPACE				
City & State City & State 4. FEI Number 59-3347189	Applied For Not Applicable				
Zip Country Zip Country 5. Certificate of Status Desired	8.75 Additional se Required				
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Age Name	ent				
PAUL AND ELOPHON INC	Street Address (P.O. Box Number is Not Acceptable)				
7575 DR. PHILLIPS BLVD., SUITE 270	Silest Address (1.5. Box Hallost to Hall Acceptable)				
ORLANDO FL 32819  City FL	Zip Code				
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.					
SIGNATURE    Signature project or printed name of recistered agent and title if applicable (NOTF: Benistered Agent signature required when reinstating)   DATE					
9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO					
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.  12 GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY					
12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY  DOCUMENT # P95000023616 STREET ADDRESS "	0 0 7 5				
NAME EQUITABLE TITLE AGENCY, INC.  STREET ADDRESS 7575 DR. PHILLIPS BLVD., SUITE 270  CITY-ST-ZIP	90 75-A]				
CITY-ST-ZIP ORLANDO FL 32819  DOCUMENT # STREET ADDRESS	·/3 Namu				
NAME STREET ADDRESS CITY-ST-ZIP					
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NAME	52=-014 ***256.75				
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POCLIMENT #					
NAME STREET ADDRESS STREET ADDRESS					
CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify	that the information				
indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes  Equitable Title Agency INC	e ilmited partnership or				