## 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



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A97000001019

97 DEC 10 PH 12: 05 47 Ta



| ECURITY FIRST TITLE PAI<br>.TD.  | RTNERS OF THE WES   | T COAST,   | 1 1014015 1910 19111 18001 10111 1               | 010 <b>9</b> 400 1000 0010 1001 1001 1002 1100 1100 |  |
|--|---|--|--|---|--|
| Malling Address  | Principal Office Address  | Principal Office Address                           |  | 5a. Capital Contributions as Shown on record.       |  |
| 1715 W. WESTSHORE BLVE., SUITE 150   | 4030 HENDERSON STREET   | 4030 HENDERSON STREET                              |  | <b>A40.000.00</b>                                   |  |
| TAMPA FL 33607   | TAMPA FL 33629  |  | 3a. Date of Last Report                          | \$40,000.00   |  |
|  |   |  |  | 5b. Amount of Capital<br>Contributions in FLORIDA   |  |
| 2. Mailing Address   | 28. Principal Office Address  |  | 4. State or Country of Formation                 | 10 date:  |  |
| er maining moores  | THOUGH ON OUT ON  |  |  | 20,500  |  |
| Sulte, Apt. #, etc.  | Suite, Apt. #, etc.   |  | 6. FEI Number                                    | Applied For   |  |
| City & State   | City & State  |  | 7. Certificate of Status Desired                 | Not Applicable                                      |  |
| Zip Country  | <b>7</b> in   | 7ip Country  |  | \$8.75 Additional Fee Required                      |  |
| Eip Country  |   |  |  | State (See reverse side for fee informatio          |  |
| Alma and Address of  | Surrout Paulatoural Amoust  | 1  | 10 If changed your Designation                   | d Appenioffice                                      |  |
| 9. Name and Address of Current Registered Agent SECURITY FIRST TITLE AFFILIATES, INC.          |   | 10. If changed, now Registered Agont/Office  Name  |  |   |  |
|  |   | Street Address (P.O. Box Number Is Not Acceptable) |  |   |  |
| 1715 N. WESTSHORE BLVD., SUITE 1<br>TAMPA FL 33607   | 150   | Suito, Apt. #, e                                   | lc   |   |  |
| IAMPA PL 33007   |   |  |  |   |  |
|  |   | City   |  | FL Zip Code   |  |
| for the purpose of changing its registered of<br>agent. I am familiar with, and accept the obl | 051 and 620.192, Florida Statutes, the above-na<br>ffice or registered agent, or both, in the State of<br>legations of section 620.192, Florida Statutes. |  | was authorized by its general partner(s). I here | eby accopt the appointment of registered            |  |
| SIGNATURE (Registered Agont Accepting Appointment A GENERAL PARTNER THE M                      |   | , LIMITED P  | PARTNERSHIP OR OTHE<br>WITH THIS OFFICE.         |   |  |
| 11. Name(s) of General Partner(s)  | 11a. Address of Each Gor<br>(Do NOT Use Post Office   | noral Partner<br>Box Numbers)                      | 1b. City, State & Zip Code                       | 11c. Registration/<br>Document Number               |  |
| THE SECURITY FIRST TITLE AFF 1715 N. WESTSHORE BLV   |   | ļ  | TAMPA FL 33607                                   | P95000040857  |  |
|  |   |  | 300002<br>-12/12<br>*****2                       | 3713131<br>78701112009<br>56.00 ****256.00          |  |
| Note: General partners MAY   | NOT be changed on this fo   | rm: an amen  | dment must be filed to che                       | ange 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 flatility 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 eath. I further certify that I am a General Partner of the limited partnership, receiver or trusted empowered to execute this report as required by chapter 620, Florida Statules.