

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 29 PM 2:45

1. Name of Limited Partnership ADVANCED TITLE SERVICES OF TALLAHASSEE, LTD	1a. DOCUMENT # A97000001104
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Mailing Address 2015 CENTRE POINTE BLD. TALLAHASSEE, FL 32308	Principal Office Address SAME
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3. Date Formed or Registered 5/19/97	5a. Capital Contributions as Shown on record. \$ 30,000
3a. Date of Last Report 10/31/97	5b. Amount of Capital Contributions in FLORIDA to date: \$ 30,000
4. State or Country of Formation FL	
6. FEI Number 59-3452496	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information) 298.75	

2. Mailing Address 2015 CENTRE POINTE BLD	2a. Principal Office Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State TALLAHASSEE, FL	City & State
Zip 32308	Country UNITED STATES

9. Name and Address of Current Registered Agent JOHN T. LAJOIE 2015 CENTRE POINTE BLD. TALLAHASSEE, FL 32308	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 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) FIRST AMERICAN AFFILIATES, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2015 CENTRE POINTE BLD.	11b. City, State & Zip Code TALLAHASSEE, FL 32308	11c. Registration/ Document Number D970000 39/13
4000002726504--6 -12/30/98-01064-011 ***298.75 ***298.75			

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 *Mike Cunningham* DATE 12/23/98
 Typed or Printed Name of General Partner Signing Form First American Affiliates, Inc./by Mike Cunningham Telephone Number (850) 402-4101

CR2E003 (8/98)