


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		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 DEC 21 PM 1:24	
1. Name of Limited Partnership		1a. DOCUMENT # A97000001106			
MARTIN COUNTY TITLE INSURANCE AGENCY, LTD.					
Mailing Address		Principal Office Address		3. Date Formed or Registered 5/19/97	
2075 CENTRE POINTE BLVD.		2075 CENTRE POINTE BLVD.		3a. Date of Last Report 10/31/97	
TALLAHASSEE, FL 32308		TALLAHASSEE, FL 32308		4. State or Country of Formation Florida	
2. Mailing Address		2a. Principal Office Address		5a. Capital Contributions as Shown on record \$30,000.00	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5b. Amount of Capital Contributions in FLORIDA to date: \$30,000.00	
City & State		City & State		6. FEI Number 59-3452498 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Zip		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office	
LaJoie, John T.		Name	
2075 Centre Pointe Blvd.		Street Address (P.O. Box Number is Not Acceptable)	
Tallahassee, FL 32308		5000002734705--8	
		Suite, Apt. #, etc.	
		-01/08/99--01067--006	
		City	
		***313.75 ***266.75 FL	

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
First American Affiliates, Inc.	2075 Centre Pointe Blvd.	Tallahassee, FL 32308	P97000039113

205-00-4

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 or 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 in 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 empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

12/18/98