

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV 14 AM 11:03

1. Name of Limited Partnership

1a. DOCUMENT #
A97000001289

BANKERS PROFESSIONAL TITLE ASSOCIATES, LTD.



Mailing Address

631 US HIGHWAY 1, SUITE 309
NORTH PALM BEACH FL 33408

Principal Office Address

% KIRKPATRICK & LOCKHART LLP
201 S. BISCAYNE BLVD., 20TH FL
MIAMI FL 33131

3. Date Formed or Registered

06/10/1997

5a. Capital Contributions as Shown on record.

\$10,000.00

3a. Date of Last Report

5b. Amount of Capital Contributions in FLORIDA to date:

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. FLI Number

05-0761153

Applied For
 Not Applicable

7. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

WHITE, ROBERT C JR.
% KIRKPATRICK & LOCKHART LLP
201 S. BISCAYNE BLVD., 20TH FL
MIAMI FL 33131

10. If changed, now Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL Zip Code

10a. Pursuant to the provisions of sections 620.105-1 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)

BANKERS PROFESSIONAL TITLE A

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

631 US HIGHWAY 1, SUI

11b. City, State & Zip Code

NORTH PALM BEACH FL 3

11c. Registration/Document Number

P97000046279

300002354193--8
-11/21/97--01078--002
****182.50 ****182.50

KWM/cws

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

Typed or Printed Name of General Partner Signing Form

VINCENT CASTORO

DATE 10-29-97

Daytime Telephone Number 561-842-4646

CR25003 (6/97)