

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001293**

1. Entity Name
SECURITY FIRST TITLE PARTNERS OF BOCA RATON, LTD



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
103 MAR 12 PM 1:48

Principal Place of Business
**7360 BRYAN DAIRY ROAD, SUITE 200
LARGO FL 33777**

Mailing Address
**7360 BRYAN DAIRY ROAD, SUITE 200
LARGO FL 33777**



2. Principal Place of Business
21301 Powerline Rd.

3. Mailing Address

Suite, Apt. #, etc.
Suite 106

Suite, Apt. #, etc.

City & State
Boca Raton, FL

City & State

Zip
33433

Country
USA

Zip

Country

4. FEI Number **59-3351074**

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**THE SECURITY FIRST TITLE AFFILIATES, INC.
7360 BRYAN DAIRY ROAD, SUITE 200
LARGO FL 33777**

7. Name and Address of New Registered Agent

Name

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions
as Shown on record. **\$40,000.00**

10. Amount of Capital Contributions
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**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

DOCUMENT # **P95000040857**
NAME **SECURITY FIRST TITLE AFFILIATES, INC.**
STREET ADDRESS **1715 N. WESTSHORE BLVD., SUITE 150**
CITY-ST-ZIP **TAMPA FL 33607**

DOCUMENT #
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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

400013985244
03/12/03--01025--020 **377.50

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.

SIGNATURE: **SIGNATURE REQUIRED of G.P.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/13/03

Date

(727) 549-3300

Daytime Phone #

0014386 AT