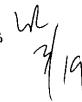
2003 LIMITED PARTNERSHIP **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #	A97000001	293
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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 Mailing Address 7360 BRYAN DAIRY ROAD. SUITE 200 LARGO FL 33777 LARGO FL 33777 2. Principal Place of Business 3. Mailing Address 1301 Powerline Suite, Apt. #, etc Suite, Apt. #, etc. **DUE BY MAY 1, 2003** City & State 4. FEi Number 59-3351074 Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THE SECURITY FIRST TITLE AFFILIATES, INC. Street Address (P.O. Box Number is Not Acceptable) 7360 BRYAN DAIRY ROAD, SUITE 200 LARGO FL 33777 City 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, typed or printed name of registered agent and title if applicable 9. Capital Contributions \$40,000.00 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE as Shown on record. in FLORIDA to date. 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 ADDRESS CHANGES ONLY P95000040857 CR2F003 (10/02) DOCUMENT # STREET ADDRESS SECURITY FIRST TITLE AFFILIATES, INC. NAME 1715 N. WESTSHORE BLVD., SUITE 150 STREET ADDRESS **400013985244** 03/12/03--01025--020 **3 CITY-ST-7IP TAMPA FL 33607 CITY-ST-ZIE DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP C/TY-ST-Z/P DOCUMENT # STREET ADDRESS NAME -STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP

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 port as required by Chapter 620, Florida Statutes.

CITY-ST-ZIP