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. Mcgtham

Secretary of State DIVISION OF CORPORATIONS FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

W. 1			—— 98 DEC 21 AM 8	. FO	
1a. DOCUMENT# A9700001836			F 52		
SECURITY FIRST TITLE PARTNERS OF FT. LAUDERDALE, LTD.			_		
			3. Date Formed or Registered		
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
1715 N. WESTSHORE BLVD., SUITE 450 940	8320 W. SUNRISE BLVD., SUITE 100		08/26/1997		
TAMPA FL 33607	FT. LAUDERDALE FL 33322		3a. Date of Last Report	\$40,000.00	
			12/26/1997	5b. Amount of Canital	
			4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address		FL	7.7.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6, FEI Number	840,000	
990	Suite, Apr. #, etc.		59-3455103	Applied For	
City & State	City & State			Not Applicable	
7in Country	7la Countri		7. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip Country	Zip Country		8. Make check payable to: Dept. of S	State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent			10, If changed, new Registered Agent/Office		
THE SECURITY FIRST TITLE AFFILIATES, INC.			0000027347400		
1715 WESTSHORE BLVD., SUITE 159: 990		Street Address (P.O. Box Number Is Not Acceptable) 1 / 08 / 99 01067 011			
TAMPA FL 33607		Suite, Apt #, etc. ####################################			
City		City	Zip Code		
City			FL 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 I		b. City, State & Zip Code	11c. Registration/ Document Number	
THE SECURITY FIRST TITLE AFF	1715 N. WESTSHORE BLV		TAMPA FL 33607	P95000040857	
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•			manage (Pa)	→2474ND	

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 eath. 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.
	1 2 60
SIC	SNATURE DATE 11-3-19

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number_

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