

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000051

1. Entity Name
SECURITY FIRST TITLE PARTNERS OF OCALA, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAR 12 PM 12:42

Principal Place of Business
2300 SOUTH PINE AVENUE
OCALA FL 34471

Mailing Address
7360 BRYAN DAIRY ROAD, STE 200
LARGO FL 33777



2. Principal Place of Business

2300 South Pine Ave.

3. Mailing Address

Suite, Apt. #, etc.

Suite C

City & State

Ocala, FL

City & State

Zip
34471

Country
USA

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number 59-3467553

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
7360 BRYAN DAIRY ROAD, STE 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 THE SECURITY FIRST AFFILIATES, INC.
STREET ADDRESS 7360 BRYAN DAIRY ROAD, STE. 200
CITY-ST-ZIP LARGO FL 33777

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

300013985333
03/12/03--01025--023 **377.50

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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 report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED of G.P.

1/13/03 (727) 549-3300

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

0014372 AT