
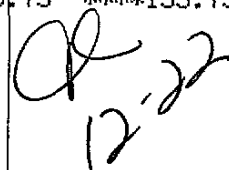


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT <b>1999</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  98 DEC 14 PM 12:27	
1. Name of Limited Partnership  SELECT TITLE INSURANCE AGENCY, LTD.		1a. DOCUMENT # <b>A98000000094</b>			
Mailing Address  1502 W FLETCHER AVENUE, SUITE 101 TAMPA FL 33612		Principal Office Address  3939 CHEVAL BOULEVARD TAMPA FL 33549		3. Date Formed or Registered <b>01/05/1998</b> 3a. Date of Last Report  4. State or Country of Formation <b>FL</b>	
2. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country		2a. Principal Office Address  Suite, Apt. #, etc.  City & State  Zip Country		5a. Capital Contributions as Shown on record. <b>\$15,000.00</b> 5b. Amount of Capital Contributions in FLORIDA to date:  6. FEI Number <b>59-3490903</b> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable 7. Certificate of Status Desired <input type="checkbox"/> \$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  FARR, JAMES G 1502 W FLETCHER AVENUE, SUITE 101 TAMPA FL 33612			10. If changed, new Registered Agent/Office  Name  Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. #, etc.  City <b>FL</b> Zip Code		
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 _____					
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>					
11. Name(s) of General Partner(s)  PARTNERS TITLE SERVICES CORP		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)  1502 W FLETCHER AVENUE		11b. City, State & Zip Code  TAMPA FL 33612	
11c. Registration/Document Number  P97000101846		200002721062--2 -12/23/98--01067--011 ****193.75 ****193.75   12-22			
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 <u>James G. Farr, President</u> DATE <u>12/10/98</u>					
Typed or Printed Name of General Partner Signing Form <u>JAMES G FARR</u> Daytime Telephone Number _____					

CR2E003 (8/98)