	)			
2001	UNIFORM	<b>BUSINESS</b>	REPORT	(UBR

DOCUMENT # A9800000836  1. Entity Name												531 AF
EQUITABLE TITLE SERVICES LTD., NO. 2						FILED				"		
Principal Place of Business Mailing Address						0! APR 26 PM 3: 53			53			
7575 DR. PHIL ORLANDO FL	LLIP'S BLVD., SUF 32819	TE 270		575 DR. PHILLIP'S BLVO RLANDO FL 32819	Suite	SUITE 270			SECRETAR' TALLAHASS	COF STA	√TE RINΔ	
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Principal Place of Business     3. Mailing Address										]		
Suite, Apt. #, etc. Suite, Apt. #, etc.			Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			PACE				
City & State			City & State			4	4. FEI Number	59-3543505	·	Applied Fo		
Zip	C	Country		Zip	Cour	ntry		5. Certificate o	of Status Desired		8.75 Additional ee Required	
	6. Name and	Address of Current	Regis	tered Agent		Name		7. Name and	Address of New R			<b>□</b>
JOSEPH, I	F. LARRY						troop /P.C	) Boy Mumber	is Not Assessable	<u> </u>		
8113 BRE	EZE COVE LAN	NE				Street Add	ress (P.C		is Not Acceptable	·		
ORLANDO	) FL 32819					City		··· ·			I Zin Codo	
						City				FL	Zip Code	
8. The above	named entity su	bmits this statement fo	r the p	ourpose of changing its	register	ed office or re	egistered	agent, or both	, in the State of Fic	rida.		
SIGNATURE .	Signature, typed or pri	nted name of registered agent a	and title i	f applicable. (NOT	E: Registere	d Agent signature	required who	en reinstating)		DATE	<del></del> -	
9. Capital Co as Shown		11.		10. Amount of Capit in FLORIDA to d	al Contril ate.	butions 4	DD.	DD	SEE REVER	SE SIDE FOR	O DEPT, OF STATE FEE INFORMATION	
	A GEN NOTE: G	IERAL PARTNER T eneral Partners MA	HAT Y NO	IS A BUSINESS EN IT be changed on ti	ITITY M he form	IUST BE RE i; an amend	EGISTER dment m	RED AND AC	to change a ge	neral partr		
12.	Dococococ	GENERAL PARTNER	INFO	RMATION	13.				ADDRESS CHA	NGES ONLY		$\Box_{\varepsilon}$
DOCUMENT # NAME		TLE AGENCY, INC.			STRE	EET ADDRESS		-		8	8.75-Ac	
STREET ADDRESS CITY-ST-ZIP	7575 DR. PHII ORLANDO FL	lip's BLVD., suite 32819	270		CITY	-ST-ZIP		-		99	201-10	E003 (11/00)
DOCUMENT #					STRE	EET ADDRESS		<del></del>			7	CH2
NAME STREET ADDRESS								-,-,-				$\dashv$
CITY-ST-ZIP					CIIY	-ST-ZIP	<del> </del>	100004213541				
DOCUMENT.# NAME		- <u>-</u>			STRE	ET ADDRESS			*****1		152==005 ****186_75	1:
STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP						
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CITY-ST-ZÍP DOCUMENT#					GIII	-31-21						
NAME					STRE	ET ADDRESS						
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DOCUMENT #			<del></del>		STRE	ET ADDRESS						
STREET ADDRESS	•				CITY	-ST-ZIP				<u> </u>	·	
CITY-ST-ZIP	ertify that the info	ormation supplied with	this fil	ing does not qualify for	the exe	mption stated	I in Section	on 119.07(3)(i),	Florida Statutes. I	further certify	y that the information	<u> </u>
indicated the receiv	on this report is t er or trustee emp	rue and accurate and to owered to execute this	that m	y signature shall have res required by Chap	the same	e legal effect a	as if mad	e under oath; t	hat I am a Genera	Partner of th	e limited partnershij	or or
•	-	Tallandia	15		)En	- launi	,	ar and	Hlicha.	HAD :	370-6664	
SIGNAT	UHE: 14_	SIGNATURE AND TYPED ON	PRINTE	D NAME OF SIGNING GENERA		- LARRY	1 J 0	seph	Date		ime Phone #	-