2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PR

SECRETARY OF STATE DOCUMENT # A98000001452 04 APR -7 AM 10: 45 1. Entity Name SECURITY FIRST TITLE PARTNERS OF ORLANDO, LTD. Principal Place of Business Mailing Address 1315 TUSCAWILLA RD. 7360 BRYAN DAIRY ROAD, STE 200 SUITE 117 LARGO, FL 33777 WINTER SPRINGS, FL 32708 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02122004 Chg-LP CR2E003 (10/03) Applied For City & State City & State 4. FEI Number 69-3510567 Not Applicable Zip Zip Country 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, STE 200 LARGO, FL 33777 Zip Code City FL 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 applicables DATE 9. Capital Contributions 10. Amount of Capital Contributions \$50,000.00 in FLORIDA to date. as Shown on record. 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 13. P95000040857 DOCUMENT # Bryan Dairy Rd. Ste. 200 STREET ADDRESS NAME THE SECURITY FIRST TITLE AFFILIATES, INC. STREET ADDRESS 1715 N. WESTSHORE BLVD., SUITE 150 CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33607 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 04/16/04--01046--011 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCCUMENT # 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 filling 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 of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

FILED

Daytime Phone #