FILE ON OR BEFORE APRIL 7, 1999 TO AVOID REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 MAR -9 PM 2:32

1. Name of Limited Partnership

1a. DOCUMENT # A98000002557

SECURITY FIRST TITLE PARTNERS OF ST. LUCIE, LTD.

Mailing Address	Principal Office Address
1880 S.E. PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34952	1880 S.E. PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34952

3. Date Filed: 11/13/1998
3a. Date of Last Report
4. State or Country of Formation: FL
5a. Capital Contributions as Shown on record: $50,000.00
5b. Amount of Capital Contributions in FLORIDA to date

2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

6. FEI Number — [X] Applied For [ ] Not Applicable
7. Certificate of Status Desired [X] $8.75 Additional Fee Required
8. (see reverse side for more information)

9. Name and Address of Current Registered Agent

THE SECURITY FIRST TITLE AFFILIATES, INC.
1715 N. WESTSHORE BLVD., SUITE ~~[illegible]~~ 990
TAMPA FL 33607

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc #990
City FL 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

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 Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
THE SECURITY FIRST TITLE AFF	1715 N. WESTSHORE BLV	TAMPA FL 33607	P95000040857

800002810958--7
-03/18/99--01072--011
****447.50 ****447.50

AR 350.00
AR/VAP 88.75
COS 8.75
447.50

BK 3/9/99

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 effect 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 [signature] DATE 3-1-99

Typed or Printed Name of General Partner Signing Form: Homer G Cablish [illegible phone number]

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