

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 04 APR -7 AM 10:45

DOCUMENT # A98000002557

1. Entity Name
 SECURITY FIRST TITLE PARTNERS OF ST. LUCIE, LTD.



Principal Place of Business
 1844 S.E. PORT ST. LUCIE BLVD.
 PORT ST. LUCIE, FL 34952

Mailing Address
 7360 BRYAN DAIRY RD., STE 200
 LARGO, FL 33777



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02122004

Chg-LP

CR2E003 (10/03)

4. FEI Number

65-0870477

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, INC.
 7360 BRYAN DAIRY RD., 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.

\$50,000.00

10. Amount of Capital Contributions
 in FLORIDA to date.

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 TITLE AFFILIATES, INC.**
 STREET ADDRESS **1715 N. WESTSHORE BLVD., SUITE 990**
 CITY-ST-ZIP **TAMPA, FL 33607**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **7360 Bryan Dairy Rd., Ste. 200**
 CITY-ST-ZIP **Largo, FL 33777**

STREET ADDRESS
 CITY-ST-ZIP **000032965060**

STREET ADDRESS **04/16/04--01046--012 **447.50**
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE