

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0014404 AT

DOCUMENT # A98000002557
 1. Entity Name
SECURITY FIRST TITLE PARTNERS OF ST. LUCIE, LTD.



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS,
 03 MAR 12 PM 2:00
LL
3/12/03

Principal Place of Business
**1880 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
1844 S.E. Port St. Lucie Blvd.

3. Mailing Address
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
Port St. Lucie, FL

4. FEI Number **65-0870477**

Applied For
 Not Applicable

Zip **34952** Country **USA**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$50,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **32,000**

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION

**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
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	600013985146 03/12/03--01025--016 **321.50
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]* **of G.P.** **1/13/03** **(727) 549-3300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)