

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortimer Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 DEC 21 PM 2:25 98 DEC 21 PM 2:25 SECRETARY OF STATE DIVISION OF CORPORATIONS	
1. Name of Limited Partnership  EXECUTITLE ORLANDO, LTD.		1a. DOCUMENT # A98000002649		3. Date Formed or Registered 12/2/98 3a. Date of Last Report n/a 4. State or Country of Formation Florida 6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)	
Mailing Address 995 S.R. 434 N. Suite 514 Altamonte Springs, FL 32714		Principal Office Address Same		5a. Capital Contributions as Shown on record \$22,000 5b. Amount of Capital Contributions in FLORIDA to date: \$22,000	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country			

9. Name and Address of Current Registered Agent  Frank E. Stevenson 995 S.R. 434 N Suite 514 Altamonte Springs, FL 32714		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City	
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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
Southeast Title Group, LLP	995 S.R. 434 N. Suite 514  AR - 154.00 SVP - 88.75 242.75	Altamonte Springs, FL 32714  PK	LLP980000116 98 DEC 21 PM 2:23 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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 effects 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 x

DATE

Frank E. Stevenson for  
Southeast Title Group, LLP

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number 407-786-1987

CR2E003 (8/98)