

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

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE DIVISION OF CORPORATIONS 99 FEB 19 PM 1:44	
1. Name of Limited Partnership		1a. DOCUMENT # A98000002855			
PROFESSIONAL ADVANTAGE TITLE, LTD.					
2. Mailing Address 1555 Palm Beach Lakes Blvd. Suite 1000-A West Palm Beach, FL 33401		2a. Principal Office Address 1555 Palm Beach Lakes Blvd. Suite 1000-A West Palm Beach, FL 33401		3. Date Formed or Registered 12/23/98	
Suite, Apt. #, etc		Suite, Apt. #, etc		3a. Date of Last Report	
City & State		City & State		4. State or Country of Formation FL	
Zip Country		Zip Country		5a. Capital Contributions as Shown on record \$12,500.	
				5b. Amount of Capital Contributions in FL (if different to date) \$3,000.	
				6. FEI Number ☒ Applied For ☐ Not Applicable	
				7. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
				8. Make check payable to Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent UNIVERSAL LAND TITLE, INC. 1555 Palm Beach Lakes Blvd. Suite 1000 West Palm Beach, FL 33401				10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc City, State, Zip Code FL	
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	
UNIVERSAL LAND TITLE, INC.		1555 Palm Beach Lakes Blvd. Suite 1000		West Palm Beach, FL 33401	
				H93554	
				4000002785034-2 -02/23/99-01086-007 ****191.25 ****191.25	
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 <i>Sandra Penny</i> V.P., as general Partner Universal Land Title, Inc., by Sandra Penny, V.P. Typed or Printed Name of General Partner Signing Form as General Partner					
DATE 12/29/98 Daytime Telephone Number 561-689-8200					

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