

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0014399 AT

DOCUMENT # A99000000047

1. Entity Name  
TITLE PARTNERS OF DRUID HILLS, L.P.



**FILED**

03 MAY -1 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
2260 N. DRUID HILLS ROAD  
ATLANTA GA 30329

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

2. Principal Place of Business  
3350 North Lake Parkway  
Suite, Apt. #, etc.

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

**DUE BY MAY 1, 2003**

City & State  
Atlanta, GA

City & State

4. FEI Number 58-2431052

Applied For  
Not Applicable

Zip  
30345

Country  
USA

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TITLE PARTNERS OF AMERICA, INC.  
7360 BRYAN DAIRY RD., STE 200  
LARGO FL 33777

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.

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P95000040945  
NAME TITLE PARTNERS OF AEMRICA, INC.  
STREET ADDRESS 7360 BRYAN DAIRY ROAD, STE. 200  
CITY-ST-ZIP LARGO FL 33777

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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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 REQUIRED of G.P.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/3/03

(727) 549-3300

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE