

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0003366 AV

DOCUMENT # A99000000249



FILED
03 APR 30 AM 5:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

1. Entity Name
SCOTT/HARRIS TITLE, LTD.

Principal Place of Business 4400 PGA BLVD SUITE 800 PALM BEACH GARDENS FL 33410	Mailing Address 4400 PGA BLVD SUITE 800 PALM BEACH GARDENS FL 33410
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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4/30

DUE BY MAY 1, 2003

City & State	City & State
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4. FEI Number 65-0893971	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARRA, RICHARD K
4400 PGA BLVD
SUITE 800
PALM BEACH GARDENS FL 33410**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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. **\$750.00**

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 #	P99000009720
NAME	SRH TITLE COMPANY
STREET ADDRESS	4400 PGA BLVD SUITE 800
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410

STREET ADDRESS	
CITY-ST-ZIP	

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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: **SRH Title Company**
By **[Signature]** Vice President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: **4/28/03** Daytime Phone #: **(561)624-4275**

CR2E003 (10/02)