

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000002001**1. Entity Name  
**SECURITY FIRST TITLE PARTNERS OF MELBOURNE, LTD.****FILED****03 MAY -1 PM 11:33****SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**Principal Place of Business  
**580 NORTH WICKHAM ROAD, SUITE A  
MELBOURNE FL 32935**Mailing Address  
**7360 BRYAN DAIRY RD., STE 200  
LARGO FL 33777**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2003**4. FEI Number **59-3604430**

Applied For

Not Applicable

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

**SECURITY FIRST TITLE AFFILIATES, 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.**\$0.00**10. Amount of Capital Contributions  
in FLORIDA to date.**33,000**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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P95000040857**  
 NAME **SECURITY FIRST TITLE AFFILIATES, INC.**  
 STREET ADDRESS **7360 BRYAN DAIRY ROAD, STE. 200**  
 CITY-ST-ZIP **LARGO FL 33777**

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:

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

1/13/03

Date

(727) 549-3300

Daytime Phone #