

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90004 013 ****55.00

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000018854

1. Entity Name
GUARDIAN TITLE PARTNERS OF FLORIDA, LLC



Principal Place of Business
 3209 TAMPA RD.
 PALM HARBOR, FL 34684

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

30042116



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
782 Eastlake Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Palm Harbor, FL

City & State

4. FEI Number
59-3752026

Applied For
 Not Applicable

Zip
34685

Country
USA

Zip

Country

5. Certificate of Status Desired **\$5.00** 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., SUITE 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Florida Department of State
 Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS/CHANGES

TITLE
D Delete
 NAME
BORTLE, DOUG
 STREET ADDRESS
3209 TAMPA RD.
 CITY-ST-ZIP
PALM HARBOR, FL 34684

TITLE
MGRM Change Addition
 NAME
Security First Title Affiliates, Inc.
 STREET ADDRESS
7360 Bryan Dairy Rd., Suite 200
 CITY-ST-ZIP
Largo, FL 33777

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

[Signature] as VP of MGRM 2/24/03

Date

727-549-3300

Daytime Phone #

CR2E083 (10/02)